# The Ministry of Healing

William B. Lipphard

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# Central BAPTIST THEOLOGICAL SEMINARY

KANSAS CITY, KANSAS

# THE MINISTRY OF HEALING

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## A STUDY OF MEDICAL MISSIONARY ENDEAVOR ON BAPTIST FOREIGN MISSION FIELDS

By

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# INTRODUCTION

This study is not intended to be an exhaustive treatise on the subject of medical missions. As the explanatory subtitle suggests, it is intended primarily to be a review of medical missionary endeavor conducted by missionaries of the American Baptist Foreign Mission Society and the Woman's American Baptist Foreign Mission Society. The purpose of the book is twofold, namely, to furnish the general reader with information regarding medical work on Baptist foreign mission fields and to supply a brief compendium for supplementary use in adult classes in Baptist Sunday Schools, in connection with a general study of medical missions.

Grateful acknowledgment is made to the many missionaries, from whose letters and reports I have compiled extracts regarding cases under their observation, etc., as illustrative material for this study. The name of the missionary has in every case been indicated in connection with statements or facts compiled from his or her reports.

The manuscript was accepted by Rochester Theological Seminary as a thesis for the degree of Bachelor of Divinity.

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# CHAPTER I

# THE PLACE AND IMPORTANCE OF MEDICINE IN THE MISSIONARY ENTERPRISE

And Jesus went about all the cities and villages, teaching in their synagogues, and preaching the gospel of the kingdom, and healing every disease among the people.—Matthew 9 : 35.

# CHAPTER I

## The Place and Importance of Medicine in the Missionary Enterprise

The foreign mission enterprise today presents four general types of missionary activity. Of primary importance is evangelism. The world needs to be saved from its sins—individual as well as social—and the missionary through preaching, church activity, Christian literature, and other means, presents Jesus Christ as the only Saviour. Evangelism must be accompanied by Christian education. The permanent establishment of Christianity on the foreign field will be most quickly realized where adequate provision is made for the development of a trained leadership and an educated constituency. A third type of missionary activity is industrial training. Among vast multitudes of people, living continually on the border-land of poverty, facing repeatedly famine and starvation, a self-supporting church is impossible unless its members, through training in industry and agriculture, have been raised from penury to economic independence. A fourth type of activity is the ministry of healing and the work of the missionary physician.

**The Divine Origin of Medical Missions**

Medical missions have a divine origin. Preaching the gospel of the kingdom and healing the sick were two chief characteristics of the earthly ministry of Jesus. Although the modern medical missionary receives his appointment from a Board, he receives his commission from the Great Physician. Before he actually began his work Jesus announced as his program that he had come "to preach the gospel to the poor, to heal the brokenhearted, to preach deliverance to the captives and recovering of sight to the blind, to set at liberty them that are bruised." The twelve apostles whom he called were given a twofold task—they were to preach, and they were also to heal the sick.

The number of passages in the Gospel records calling attention to the healing ministry of Jesus is far greater than the average reader would suppose. What a wonderful picture that must have been at the close of the day, when the sun had set, and the Master, fatigued after a weary day's labor, would come to the door for a breath of fresh air, only to discover that the entire city had gathered together before the threshold, bringing all who were diseased, anxiously awaiting his healing touch! What sights of human misery and woe he must have witnessed as he walked through those Judean villages and the people laid their sick in the streets through which he passed, beseeching permission only to touch but the border of his garment! What

remarkable faith in the healing power of this Great Physician was manifested by those four men who astounded the assembled crowd in the house by lowering their sick friend through the roof! We do not marvel that Jesus was moved with compassion. It was this healing ministry of which the ancient prophet dreamed when he said, "Himself took our infirmities and bore our sicknesses." The medical missionary is continuing this healing ministry of the Great Physician. "He took my sickness into his own heart," said a patient when discharged from a mission hospital. The church needs to make no apology for medical missions.

**The Physical Needs of the Non-Christian World**

Had there been no divine command to heal the sick, the church of Christ would nevertheless be compelled to maintain an extensive medical missionary service because of the physical needs of the non-Christian world. We can not behold the indescribable suffering and physical distress of humanity in the Orient without being touched with a feeling for its infirmities. The non-Christian world is an unspeakably sick world and needs relief. Notwithstanding the remarkable efforts of the British Government in checking the spread of disease in India, there are still one hundred millions of people in that unhappy country beyond the reach of even the simplest medical aid. Can any one possibly imagine the population of the United States absolutely de-

prived of all recourse to medical assistance? Ninety out of every one hundred people who die in the non-Christian world suffer their pain and agony to the end, without any attention on the part of a doctor or a nurse. In the entire province of Szchuan, China, with a population of sixty million, there are today only two hospitals for women and children. There are a thousand walled cities in China which have never seen a missionary physician. Baptist missionaries have been working in Assam for eighty years, yet there are hundreds of thousands of people who never have the ministry of a physician. The proportion of doctors to the population in the United States averages more than one to a thousand, whereas on Baptist foreign mission fields there is generally only one physician to every million inhabitants. In the Back Bay district of Boston one can find the offices of as many as fifteen physicians in a single city block, whereas in China a traveler could pass through, not fifteen blocks, but fifteen hundred villages and find no evidence of the presence of a doctor. About ninety million people in Africa are dependent entirely on their witch-doctors and native medicine-men for aid in time of sickness.

This situation is all the more appalling when we take into consideration those frightful diseases which sweep across vast areas in the Orient and by which men, women, and children are mowed down like stalks of grain before the reaper. Tuberculosis

is so common that at least one person in every three is afflicted with one form or another of this fearful plague. The influenza epidemic in 1918 exacted a terrible toll in America, and yet it is estimated that the number of people who died of influenza in India exceeded the death casualties of the entire war.

The influenza epidemic struck us, and the people began to die off like flies. There was more work to do than could have been done by twenty nurses. We all know what a terrible havoc was wrought by influenza over in civilized, enlightened, cleaned-up America, where you have a doctor for every few scores of people and people who can read the papers and profit by the valuable information which they contain concerning the best measures for prevention and spread of disease. So perhaps you can't imagine what it was like over here, where there is only one physician for thousands and thousands of people; where there is no conception of hygiene and sanitation; but on the contrary an actual belief in the efficacy of filth and often prejudice against cleanliness. In treating a disease which called for clean, well-ventilated rooms we had to treat our patients in their little mud-hut homes, which have but a single small door and no windows.—*C. R. Manley, M. D., Ongole, South India.*

Countless multitudes are afflicted and die of great scourges like smallpox, cholera, leprosy, and other diseases which hardly ever come within the observation of a general practitioner in America. Great numbers are stricken with ailments peculiar to the Orient and the tropics, which are so rare in America that they are seldom mentioned in medical text-books. Accidents and complications due to igno-

rance and neglect are unusually common as will be observed from the following extracts taken from letters and reports of Baptist missionaries:

A man had been left in the hospital during the night in a pitiful condition by his brother townsmen. There was no skin on his right side or arm, bone and nerves all exposed, here and there hard, charred flesh, and over all infection. The man, suffering from fever and delirium, had run into a roaring grass fire, had been taken to the hospital, and left with neither food nor money. He returned to his town, four or five days' travel away, a well man, to tell what Christ had done for him and what he got in the chapel services; to tell the difference between the love that had cared for him and the men who had fled, leaving him to die.—*J. C. King, M. D., Banza Manteke, Belgian Congo.*

The usual epidemic of smallpox was on. One man last year lost his child from smallpox, so he decided that he would have the baby vaccinated this year. When he brought the child to us for that purpose, the smallpox papules were already out on the child's body. When we asked him why he waited so long before bringing the child, his answer was, "We waited for the lucky day." He buried this child also.—*Emilie E. Bretthauer, M. D., Suifu, China.*

We have so many tumors here, and some of them are neglected for years. One abdominal cyst I removed had ten gallons of fluid, besides a large amount of solid tissue. The people wait so long before coming.—*R. C. Thomas, M. D., Iloilo, Philippine Islands.*

The influence gained over the people by the use of medicines on the Congo is great. A few months ago Doctor

Leslie found a boy with a most pitiful case of yaws. His face and mouth were covered with the sores. The doctor persuaded him to come to the station. The yaws yielded readily to treatment. Several weeks later he was taken back to his village as an advertisement. The missionary had no difficulty in securing on his "face value" several boys for the school.—*H. F. Gilbert, Vanga, Belgian Congo.*

Cases that are unusual and interesting from a doctor's standpoint are not at all infrequent. One boy, gored by a buffalo, was brought in twenty-four hours after the accident with a portion of the pancreas torn and protruding from the abdominal rent. Hot saline solution helped the boy through a very serious twenty-four hours, and then he made an uneventful recovery.—*A. L. Kennan, M. D., Bhimpore, Bengal-Orissa.*

Recently a young man was brought to us with a broken arm of some days' standing, and gangrene had already set in. We tried to save the arm, but after a day or two we told the father that we would try a little longer to save it, but feared it would have to be amputated. In a short time he came to me to take his son home. I tried to show him that such a course meant certain death. He replied: "What good would he be with only one arm? He might as well die!" In vain I plead for one or two days more to save the arm, or for operation, if necessary, to save life. The young man was taken home.—*J. S. Timpany, M. D., Hanumakonda, South India.*

I found a little fellow ten years old who had fallen from a winnowing-tower at harvest time and thrown his hip out of joint. He was walking on one leg and a bamboo stick held in his little hands. The injured leg was dragging helplessly about. Any one of our physicians could have restored him the use of his leg in a

few moments if called upon when the accident occurred. Think of that boy's handicap throughout life for want of a little help at the right time!—*Rev. C. E. Chaney, Maubin, Burma.*

A mother came to the hospital dispensary with a babe in her arms. The infant had a large encephalocele, or "brain tumor," growing from the cranial cavity at the root of the nose. She had gone to some one who had incised the tumor, and as I looked at it I saw that the child's life was probably forfeited.—*R. C. Thomas, M. D., Iloilo, Philippine Islands.*

Such cases and any number of others which could be mentioned demonstrate beyond question the physical needs of the non-Christian world and the urgency of the ministry of healing.

**Heathen Remedies and Methods of Treatment**

Conditions are made all the more deplorable and tragic through malpractice and the frightful remedies used by the heathen population. Sanitation and hygiene are unknown. Thousands of people, in order to cure various maladies, drink foul, green, scum-covered water from a pool or sacred stream, in which these same thousands have previously bathed and washed their clothes. Heathen remedies for disease are unspeakably cruel, savagely barbarous, producing intense agonies. They seldom cure, almost invariably aggravate the disease, and frequently kill the patient. The task of the medical missionary is unusually difficult because so often he is called upon to treat patients on whom heathen

quacks and witch-doctors have used all their remedies in vain, and the missionary is summoned as a last resort.

The following extracts from reports of Baptist missionaries describe actual cases under their observation. These extracts reveal more forcibly than any general description the fearful remedies of heathenism and the distressing need of medical missions:

I was called to the side of a man suffering from convulsions, and found him stretched out on a plank flat on his back. On the pit of his stomach was another large man, balancing himself on his knuckles and knees, vainly trying to gouge out the food and pain. It was no surprise to learn that the patient died within half an hour.—*Rev. C. E. Chaney, Maubin, Burma.*

The picture of a little child comes to me. She was a pretty little child, but totally blind. Some friend had put something into the eyes when she was ill and ruined them. It was well meant, but it spoiled her life. There was no cure.—*R. C. Thomas, M. D., Iloilo, Philippine Islands.*

At the close of the service a man was introduced to us who had been a paralytic for two years. He had been given six poisonous snakes to eat as a cure, but of course he did not obtain results, and he immediately came forward, asking us to treat him.—*C. B. Lesher, M. D., Chaoyang, South China.*

In the first village which I entered I found the old chief stretched out on a skin in the center of his house. A young man was gashing his temples with an old case-

knife and sucking the blood through the horn of an antelope. This treatment was given for a headache. I substituted some good advice and a good dose of medicine.—*J. E. Geil, Banza Manteke, Belgian Congo.*

The Chinese profess to heal dog bites by writing characters on the wound; to heal sores by writing characters with the claw of a wild beast on the abscess; to cure trachoma by making passes and reciting charms, and to cure rheumatism by drinking monkey and bear bones in wine. They chew the bones of deer and dog meat for a tonic; swallow a stone for accelerating child-birth; and eat mud from the center of the fireplace for the cure of palpitation of the heart.—*W. R. Morse, M. D., Suifu, West China.*

A young man, struck down in his vigorous active life by lockjaw, came to the hospital to die, because some one had made incisions in his legs and put in balls of wax and tallow as medical treatment, thereby infecting him with the germ of tetanus.—*R. C. Thomas, M. D., Iloilo, Philippine Islands.*

Recently a seven-year-old boy was brought in with a fractured arm. His relatives had tied a ligature around the site of the broken bones, stopping all circulation. When it began to look bad they had called in a native quack, who, making a paste of corrosive sublimate and some other wonderful ingredient, plastered it over the arm from the wrist to the elbow. When the tortured child reached us little was left but rotting flesh clinging to ruined bone. For thirteen dreadful days we dressed the arm, with death always imminent, while permission to amputate was refused. At last the uncle gave consent to operate. During the long weeks which followed, I never saw more patient endurance, and, to our joy, the boy

Convalescent Patients on the Mission Hospital Veranda
at Iloilo, Philippine Islands

Dr. Emilie Bretthauer and her Trained Nurses
in Suifu, West China

went home well.—*Mrs. F. W. Stait, M. D., Udayagiri, South India.*

I watched an enterprising Chinese doctor not long ago. A good-sized crowd had gathered under a huge umbrella at the side of the street. Leopard-skins, monkey-, and beaver-skins were hanging from the top of the umbrella, and as I peered through the circle of onlookers I saw a pile of bones and monkey skeletons on the ground. The man was talking in a most energetic fashion. Every little while he would bend down, pick up a monkey skeleton and rub it on a big, broad file. Then he would take a tiger's foot, or some other bone, mix up the "bone-dust," fold it up in a paper like a prescription powder, and sell it to a waiting patient.—*C. E. Tompkins, M. D., Suifu, West China.*

The Hindu method of cure was to shave the top of the head, make a hole in the scalp, and rub into it a rank poison. Then the whole thing was plastered up with a preparation of lime so that none of the poison should escape. It seemed such a pity to see strong young men dying from maltreatment. One day that I spent in a distant village helping the sick I shall never forget. The misery and helplessness of the people were almost more than I could stand. Beds, with three and four occupants, all helpless, and no one to care for them. The sanitary conditions were most dreadful.—*Lillian V. Wagner, Ramapatnam, South India.*

When I arrived the house and yard were filled with people, perhaps seventy-five in all. The patient was a young man of about twenty years, who had been seized with a bad attack of fever. His room was one of the small, dark, unventilated rooms which are typical of the native houses. As soon as he was carried out into the

inner-court veranda I saw that his case was hopeless. The life was slowly ebbing away, more as the result of the treatment than the disease. High fever for two weeks, no bath, very little if any water to drink, and too sick to take nourishment. Shortly before I arrived the native doctor had left, after having shaved the top of the patient's head and piling thereon pulverized medicines and burning them!—*J. W. Stenger, M. D., Hanumakonda, South India.*

Recently a "so-called" wonder-working doctor, to whom hordes have been flocking to be cured of blindness, chronic tuberculosis, and other incurable diseases, has been treating them with sugar, water, native beer, and milk. I have done medical work in the slums of New York City, in a precinct so densely populated that it boasted more people than any city in the State of New York except Buffalo, and there I never saw such things as I see daily here.—*R. C. Thomas, M. D., Iloilo, Philippine Islands.*

All too often when a patient's very life depends on complete rest and undisturbed sleep, I have found the patient's friends and relatives doing everything they could to keep the patient from sleeping, and when I expostulate with them and ask them why they are raising such a rumpus and keeping the sick person from sleeping, they tell me that they are fearful lest the sleep of rest turn into the sleep of death. They think that by keeping sleep off they are keeping death off also. In order to keep the patient awake they will resort to any measure which will carry out their purpose, talking to the sick and compelling them to answer, beating tom-toms or making any other disconcerting noise they can think of; pinching, pricking, or burning the skin, but most frequent of all is the custom of putting mixtures containing ground mustard, pepper, etc., into the eyes. And if you could once see a

pair of eyes that had been treated that way you would readily understand why that method was such a successful sleep-preventer, and therefore so popular with the Indian people. Untold anguish follows this terrible custom, and it is directly responsible for thousands of cases of blindness every year.—*C. R. Manley, M. D., Ongole, South India.*

One young man of about twenty-two years was carried in almost dead, as the result of treatment by native doctors. For an attack of fever and partial paralysis they had given him mercury and other strong medicines in measured doses, and also, according to native custom, they had burned him with a hot iron, leaving great sores across his forehead, shoulders, chest, and ankles. Such cases are very common, especially out in the villages where people have not come in contact much with missionaries. After several weeks' treatment this case went home very much improved.—*J. W. Stenger, M. D., Ongole, South India.*

We work in a land where the only remedy for hydrophobia is to take cantharides, which permanently injures the kidneys, or to eat the flesh of the mad dog; where a needle of two or three inches in length that has never been sterilized is used most commonly "to allow the bad air that causes the disease" to escape by inserting it full length into the eyes, joints, abdomen, neck, etc., for the Chinese doctor claims there are over three thousand places where it is "safe" (?) to do this acupuncture; where they vaccinate by taking the scab of a sore from a smallpox patient, powder it up, and blow the powder up the nose of the young baby; where the rotten wood of a coffin is used for medicine; where bones of dogs, tigers, bears, deer, etc., are used for tonic medicine; where people seek relief from a god of clay, for there are gods for

lice, fever, boils, and all other ills.—*W. R. Morse, M. D., Suifu, China.*

Custom forbids their giving a bath to a sick person until the illness has terminated. We often find the patient indescribably filthy. His relatives almost invariably plaster some portion of the patient's body with mud or cow-dung, to which they have added saffron or some other dye or medicinal herb. If the patient is in great pain there is a custom of burning him about the face or body with red-hot irons, so that we often find the treatment of a case complicated by a badly infected burned area.—*C. R. Manley, M. D., Ongole, South India.*

Two cases of general peritonitis came in moribund. One case was a man who staggered into the office in agony. After three days of mortal pain he came, too late for operation. He was dead in a few hours. The other case was even more pathetic. It was that of a child who had been ill for eight days. The day before strong native medicines had been given, and now it was too late. They took her home to die.—*R. C. Thomas, M. D., Iloilo, Philippine Islands.*

A boy of ten years was gored by an infuriated bull. The village surgeon, the barber, was called. His surgical outfit consisted of a coarse needle and yarn dyed with indigo. While men forcibly held the boy, the surgeon sewed up the wound. Three days later symptoms of blood-poison appeared. The anxious relatives carried him on a bed to the hospital. Chloroform instead of force, Western surgical appliances and methods, and a happy, bright boy running about the hospital grounds, while the healing process went on! Grateful relatives now listen day after day to the gospel message.—*J. S. Timpany, M. D., Hanumakonda, South India.*

**The Medical Missionary Indispensable**

The service of the missionary physician is essential to the very existence and development of the Christian church on the foreign field. Christianity can not prosper in communities whose inhabitants are doomed to lifelong misery, suffering, and despair because of their unsanitary methods of living. A church in a village continually at the mercy of recurring plagues and epidemics, because proper medical aid is inaccessible, faces a most uncertain and precarious future. A Sunday School can rarely report great progress on the foreign field if nothing is done to reduce the high child mortality. The educational missionary finds that it is just as necessary, in fact more so, to have the pupils in his schools protected by vaccination against smallpox, as it is in the big American cities. No imagination is necessary to picture the results in the work of a struggling church in a village in India, if several of its leading members were stricken with influenza and died because medical assistance was not available.

Furthermore, the missionaries themselves are not immune to sickness and require medical attention. Only those who have lived in tropical climates can understand the fearful strain to which the human organism is subjected by continual residence in regions whose climate and environment are so different from those in the temperate zones. It is not only a waste of denominational money, but it is

unpardonable negligence to send foreign missionaries to remote regions in tropical countries and expect them to live and labor there without some provision for medical attention. A double tragedy in the family of one of our Baptist missionaries would substantiate this statement. The two young sons of the missionary became ill, and the nearest physician was sixty miles away. There was no conveyance in which to bring him except a bullock-cart whose speed averaged three miles per hour. Before he arrived the boys had died.

The medical missionary's work is also an indispensable agency in evangelism. His ministry is one of the clearest proofs to the Oriental mind of the reality and the disinterestedness of our religion. As will be seen in a later chapter, the missionary doctor is an incalculable factor in the healing of the soul.

**Medical Missions and World Health**

Although considering in this survey only the work of Baptist medical missionaries, we must not omit at least brief reference to the remarkable contribution which medical missions have made to medical science and world health. The world owes a debt of gratitude to the medical missionary. He has added much to the medical knowledge concerning cataract, elephantiasis, leprosy, and a score and more of diseases which were relatively unknown before the beginnings of medical missions. Modern schools of tropical medicine in England and America

have profited much by the contributions to the understanding of tropical diseases made by medical missionaries.

Into the East these medical missionaries have introduced anesthetics, which abolish pain; vaccination, which banishes smallpox, and the intelligent treatment of other epidemics (for example, the plague and cholera, which make such awful havocs in the teeming centers of Oriental life), and antiseptic surgery, which saves thousands of lives and untold suffering. But the West, as well as the East, owes not a little to the medical missionary. Perhaps the one most useful drug in medicine is quinine, and the world owes it to the Jesuit missionaries of South America. Before the chemists extracted its active principle it was originally administered as the pulverized bark of the cinchona tree, and was popularly known as "Jesuits' bark"; while Calabar bean, the Kola nut, and Strophanthus, valuable modern remedies, we owe to Doctor Nassau, an African missionary.—*W. W. Keen, M. D.*

Thus the medical missionary holds a pivotal place in the missionary enterprise. He exemplifies to the non-Christian world the Great Physician; he opens countless doors to the gospel, which would otherwise be closed; he ministers to a world whose susceptibility to disease is beyond all comprehension; he is doing a work which requires and deserves the heartiest, prayerful, and generous support of the Christian church. No one can take issue with the National Conference of Missionaries for adopting in Shanghai in March, 1913, the following declaration:

Medical missions are to be regarded, not merely as a temporary expedient for opening the way for and extending the influence of the gospel, but as an integral, coordinate, and permanent part of the missionary work of the Christian church.[1]

[1] Quoted by W. H. P. Faunce, in "The Social Aspects of Foreign Missions," page 138.

# CHAPTER II

# TYPES OF MEDICAL MISSIONARY SERVICE

And at even, when the sun did set, they brought unto him all that were diseased, and them that were possessed with devils.

And all the city was gathered together at the door.

And he healed many that were sick of divers diseases, and cast out many devils.—Mark 1 : 32-34.

## CHAPTER II

### Types of Medical Missionary Service

In recent years there has been a decided tendency in the practice of medicine toward an increase in the number of specialists and a decrease in general practitioners. It is possible to find in our large cities today a specialist in the treatment of almost every known disease. The old-fashioned family doctor, who knew the clinical history of all his patients and who treated them for every ailment from childhood up, is now found only in the smaller towns and villages and in the country districts. Almost every student in a medical school before graduation considers seriously the prospect of a professional career as a specialist. Many a patient has had the trying experience of being sent from one doctor to another until the specialist for his particular ailment has been found. Major and minor surgery, pulmonary ailments, digestive troubles, nervous disorders, contagious diseases, children's diseases—all these and others have their specialists.

**Types of Medical Missionary Service**

Usually no such differentiation between special and general practice is possible on the foreign field.

The medical missionary, because of the overwhelming needs of the people and the scarcity of doctors, must be prepared to treat every type of human ailment. During the course of a single day's work, the average medical missionary in China or India probably meets more terrible conditions of disease and a greater variety of cases than the average American physician is likely to meet in the course of a week's practice.

About the doors of the mission dispensary gathers the same crowd which lined the street outside Jesus' door at Capernaum. A lone gray-haired grandmother will sit and switch the flies from a malignant ulcer upon her leg as she awaits her turn. A mother will offer her drying breast to quiet the peevish moan of a hydrocephaloid baby while she herself presents the deathly pallor of the hookworm anemia. A young man from the higher schools, with sunken chest and hollow cheeks, will cough his life away, and, if not watched, expectorate tuberculosis mucus upon the floor. Men and women even now in the throes of the malarial paroxysm await their turn; a young girl, whose blind eyes, covered with nebulous scars, speak eloquently of early neglect, gropes her way to the door. Tumors and deformities present fascinating possibilities to the surgeon. Cases advanced in disease almost beyond civilized conception appear. The need is an appalling appeal!—*P. H. J. Lerrigo, M. D.*

The extracts from the letters of Baptist medical missionaries, which appear in this chapter, indicate the types of service which they are called upon to render, and the conditions under which they minister the healing art of the missionary physician.

**Surgery**

The medical missionary frequently makes a more profound impression as a surgeon than as a physician. The non-Christian world has used native medicines for centuries generally in vain and therefore requires considerable time for developing confidence in the medicines of the foreigner, whereas surgery is relatively unknown. Furthermore, under prophylactic and medical treatments long periods of time are necessary, while surgery generally gives immediate and visible relief.

A fracture is placed in a splint, an abscess is opened, a carbuncle excised, a tumor removed with immediate relief of pain, permitting sleep when this has not been possible for weeks; discomfort disappears, and the eye sees what has been done. The Chinese use drugs in abundance, and think they are skilful with them, but they know nothing about surgery. Hence they have far more confidence in the surgery of the foreign physician than in his medicine. —*J. C. Humphreys, M. D., Yachowfu, West China.*

Some recent surgical cases have been of interest. An old lady of sixty-six was operated upon for a huge dermoid cyst a few days ago. The whole tumor nearly filled a five-gallon Standard Oil tin. The old lady is doing nicely. She is so happy to be rid of this great burden that she has carried for twenty-eight years.—*R. C. Thomas, M. D., Iloilo, Philippine Islands.*

Upon our return to Ikoko on Christmas eve we found a patient, on whom we had to operate immediately if we were to save his life. We did the operation in a shanty which I sometimes indicate as "The Laboratory"; a lean-

to, 9 by 12 feet. The operation was successful, and the patient was discharged two weeks later. This did much to clear away a lot of superstitious beliefs.—*Hjalmar Ostrom, M. D., Ikoko, Congo.*

A man was brought in with fifteen inches of his intestines protruding from a wound in his abdomen. A number of Chinese doctors, some of them without even washing their hands, had tried in vain to replace the intestines. Mrs. Lesher (also a physician) and her Chinese assistants cleansed the wound, replaced the badly mangled intestine, sewed him up, and the man is alive today.—*C. B. Lesher, M. D., Chaoyang, China.*

Often those who trust themselves in my hands do so with trepidation. A schoolboy had a very swollen infected hand which was extremely painful. I explained about the anesthetic. After much persuasion, though not fully convinced that it was sleep without sensation of pain and not real death, he allowed himself to be anesthetized, and I operated on his infected hand. Coming out from under the influence of the chloroform, his subconscious mind somehow remembering that the doctor knew English best, he said, to the amusement of all present, in a drowsy voice and with a note of finality about it, "I—now—dead—am."—*J. A. Ahlquist, M. D., Tura, Assam.*

The emergency case was that of a ten-year-old boy gored in the abdomen by a carabao. He came to us twelve and a half hours after the accident and died shortly after. The parents had been to the parish priest and asked the use of his automobile to bring the child to us, and were refused; so he was carried in a hammock. Isn't it pitiful that they wait so long? I think his life might have been saved had he been brought earlier.—*R. C. Thomas, M. D., Iloilo, Philippine Islands.*

Within a few months we have had nearly three hundred operations. Surgery is new to these people, and many of the cases have spent weeks or months or years in a vain quest for relief. They have gone first to the native medicine men, and then to the idols, and so back and forth, until perchance they hear of some other case who has been helped by us, and finally they come. A great many have lost all chance of cure by their delay. A well-advanced cancer case came in a few days ago with a great string of charms from different idols hung about his neck and a small bale of prescriptions from native healers. If he had come to us a month or two sooner we could have helped him back to health.—*H. W. Newman, M. D., Ungkung, South China.*

**For Motherhood and Childhood**

The high infant mortality and the terrible experiences of women in the non-Christian world when passing through the supreme ordeal of their lives make the service of the medical missionary at such a time of exceptional urgency. In India only the most ignorant women, of low caste and of filthy habits, will act as midwives. The dangers of infection are appalling. The agonies and sufferings in the all too frequent difficult cases are unspeakable. Thousands of women and children in the non-Christian world voice their unending gratitude to American Baptists for sending them these modern followers of the Great Physician at a time when their services are so sorely needed.

In the midst of a busy clinic a Chinese woman came to me in great distress. Her daughter-in-law, a mere girl,

had brought a little life into the world four days before. She lived in a village about fifteen Chinese miles from Kinhwa. As it is contrary to Chinese custom for a male physician to attend such a case, the poor girl had only the assistance of a dirty old woman. The brute force she used to overcome the difficulties met with at the time resulted in a terrible injury to the little mother. The woman came for some medicine for the girl to *eat,* so as to relieve her agony and heal the wounds. I knew from what the woman told me that no medicine was needed, and leaving the dispensary patients in care of my assistants, I mounted my bicycle and hurried out to the home in the country. Bicycle riding in China is somewhat different from that at home. The roads are mostly mere paths between the rice-fields, and a fall either side is into mud and water. In fact, on my return from this trip I took a tumble, which resulted in the breaking of three or four spokes in the front wheel. Arriving at the house, I called for hot water to wash up, and boldly asked to see the sufferer, not knowing whether I would be allowed to examine her. I was not opposed, however, for the poor girl was suffering, so she was willing for anything. I found her in a room so dark that I had to light my bicycle lamp before I could see her at all. She was lying on a bed of boards and was covered with a dirty cotton quilt. Dust and dirt and darkness; microbes in and on everything, including the girl and her baby, by the million! I found her in a worse condition than I had even suspected, and doing what little I could to make her more comfortable, I insisted they bring her the next day to the hospital for operation as soon as we could get her into condition to operate. She and her little boy came the next afternoon, and she has had every care and attention we could give any one either at home or here. What a change it must have been to her to come into a clean, bright room, with its white enamel bed, clean sheets,

**Russian Military Patients in the American Red Cross Typhus Hospital at Petropavlosk, Siberia, in charge of Major H. W. Newman, M. D.**

NOTE. The plate was broken during the confusion when the hospital had to be evacuated suddenly in order to escape the Bolshevists.

**Rev. C. E. Bousfield Conducting a Country Clinic in Changning, South China**

and blankets, and to have the care of a doctor and a trained nurse! It was made possible by the love and gifts of some of you who read this, and I think your hearts must be full of joy to know of this work you are doing through your representatives in China.—*C. F. MacKenzie, M. D., Kinhwa, East China.*

One poor blind woman had been brought to us in the direst extremity of woman's sufferings. She had been for three days in agony, and it was only after hours of strenuous and anxious work that Doctor Stait delivered her of a still-born child. When she heard that I had reached the village she asked to be led to me, and never have I seen more heartfelt gratitude than was evinced by that poor woman.—*F. W. Stait, Udayagiri, South India.*

The surgeon-general visited us in December, and expressed himself as much pleased with the hospital and the work being done. The government has sanctioned a grant of 5,000 rupees for enlarging our maternity department. This is very much needed, as our maternity ward accommodates but four patients, and this year we have had 138 maternity cases.—*Lena A. Benjamin, M. D., Nellore, South India.*

We are happy to have the mothers come to us at such a time. We are trying to teach them the importance of care at this critical period, and can do it to better advantage in the hospital. All who have come to us appreciate the care they receive. One mother, who had lost two sons by neglect after birth, said, "Oh, if I had known about the hospital three years ago my two boys need not have died."—*Fannie Northcott, Swatow, South China.*

I was called in to see the wife of one of the teachers in the Buddhist school. The husband is well educated and earning a good salary, but they had called in a cheap

midwife to care for the wife during confinement. I was called on the ninth day because fever and its attending symptoms had appeared. I saw that the patient would need good care for some time and urged that she be brought to the hospital. I convinced the husband that if she did not come she would die. She has been here now five days and is very much better. A clean bed, a daily bath, and a few things of similar nature have made it possible.—*Martha J. Gifford, M. D., Moulmein, Burma.*

We have one interesting little fellow with us whom we may have to keep. His mother died when he was six months old and left him with no one but an aged grandfather to care for him. After three months they brought him to us in the most awful condition. He was about as thin as he could be, too weak to cry, had rickets, and there was something wrong with every part of him. He is fat now in comparison to what he was, and the jolliest, best little fellow that ever was. We also have a very tiny baby, who was brought to us when four days old. His heathen mother died after his birth, leaving six or seven other children. Our Talain pastor went to this village, and hearing about the baby adopted it.—*Selma M. Maxville, Moulmein, Burma.*

Mothers who came to us with thin, emaciated babes, just existing because of lack of nourishment, are today holding and nursing fat little babes that are alive and happy, all because they have been shown by the medical missionary that palm-wine is not the proper food for mothers to nurse babies on, or to make them fit to bear healthy offspring.—*Judson C. King, M. D., Banza Manteke, Africa.*

**General Medical Work**

The experiences of Baptist medical missionaries in general medical work are very similar to the ex-

periences of the average physician at home. All types of human disease, in early as well as advanced stages, come within their observation. The work of the day includes attention to cases in hospitals, visitation in homes, the conduct of daily clinics and dispensaries. Probably no doctor in America, whether a specialist or general practitioner, ever has his waiting-room or his dispensary so crowded or holding the variety of cases as that of the average missionary physician.

As for the hospital work, there has been the usual run of trachoma—and such awful eyes! One never sees such neglected cases in America. Then the usual run of chronic ulcers. Trachoma—ulcers—ulcers—trachoma; this is the way our in-patient records read. This spring there was a very serious epidemic of measles which carried off many children and left others with complications. Then this fall whooping-cough visited our Kityang district and alarmed the mothers. Probably the most general enemy to child welfare is an intestinal parasite. Among emergency cases, burns head the list. One of these stands out as most tragic of all. The patient was a young woman, badly burned on chest and arms from falling into a large kettle of hot rice during an epileptic seizure. Her neighbors had treated the burns with the powdered root of some tree, and then, as the wounds would not heal after ten days, they brought her to the hospital. She was here several days, and the skin was healing rapidly under clean treatment, when suddenly lockjaw symptoms set in, and she soon passed away. Fairly frequent among emergencies are buffalo wounds. Small children are sent out to tend the herds in the hills and are attacked by a vicious animal. The wounds look terrifying, but the children are robust

from their outdoor life and the deep gashes heal rapidly. Suicide is still common. We received two cases in the hospital. A girl attempted suicide by cutting her throat. Happily the cut was not too deep and she recovered. The other case was a young woman who, in despair over her husband's gambling, cut her throat. She too recovered.—*Mildred Scott, M. D., Kityang, South China.*

A native who had been suffering from some disease, called the witch-doctor, received his medicines and instructions, and paid two dollars for the visit. He faithfully followed out the prescribed treatment and continued to get worse. Some time later he again called the witch-doctor and was told that he must part with three more dollars and then he would be well. He did so and continued to get worse, so called the witch-doctor the third time, only this time to be told that he was incurable. He came to the mission station here and had his blood examined, was given some medicine, paying only one dollar for all services rendered by the mission doctor, and in a month reported health, strength, and happiness.—*Judson C. King, M. D., Banza Manteke, Africa.*

The hospital service is by far the most satisfactory form of medical work, both from the professional and the missionary point of view. We receive all classes of people—the proud, rich Confucian scholar, and the poor, blind beggar; the earnest Christian teacher or preacher; and the brigand (if he comes incognito); the Taoist priest, and the Mohammedan, who must bring his own cooking and serving dishes, lest he be defiled by food cooked or served in anything that had ever contained or come in contact with lard, the product of the "unclean porker." There come to us also the Catholic and the Protestant, the Buddhist and the nondescript. We know them only as "Temples of the Living God." Patients from every part of our

parish of two million inhabitants, afflicted with every ill common—and uncommon—to man, and only one doctor to treat them!—*C. E. Tompkins, M. D., Suifu, West China.*

Our plant is quite complete. The large hospital, which easily accommodates forty patients, is as modern as can be in a place where there are no electric-lighting plants or water-works. The dispensary building, with its large chapel, registrar's room, office, operating-room, drug rooms, and pharmacy, examination rooms, etc., has ministered to over 8,000 sufferers. A new building of four rooms for the resident Chinese doctor, evangelist, and nurses has been built. Another building is nearly ready for use. The hospital has had in its beds 160 patients—most of them surgical cases. Our staff is most inadequate for a work of this extent, but we cannot expect much more with the funds at our disposal. I can hardly imagine a hospital of this size at home running on about $1,000 a year for all drugs, supplies, servants, laundry, Chinese doctors and nurses, and yet that is what we have had to do this past year. The salary of the missionary doctor is not included in this amount.—*C. F. MacKenzie, M. D., Kinhwa, East China.*

The medical work has been very heavy, 788 patients having received treatment for sleeping-sickness. They came from more than thirty villages and received between four and five thousand injections. Of these, 136 were children attending school here. Although the malady was well advanced in some cases, there were only three died; two of whom were far gone before coming to me. One boy had his sight seriously impaired from the heavy doses that had to be given to save his life. More than 250 have been treated in the hospital for this and other diseases. Many more would have come to the hospital for treatment had it not been for the impossibility for them to find

food anywhere in the region of the station, and because we were without the remedy for two months.—*W. H. Leslie, M. D., Vanga, Africa.*

**Touring and Dispensary Work**

An increasingly important service is rendered by means of village touring and through daily dispensaries. On bicycle or horseback or through some other method of transportation the medical missionary, generally accompanied by native assistants, leaves the mission hospital and spends several weeks in touring among the villages and country districts in his field. Thousands of patients are thereby reached, who otherwise would receive no medical attention. Cases which require only medical treatment or minor surgical operations are attended to, while arrangements are made for transporting the more serious cases back to the mission hospital. When the doctor is expected in a village, the local preacher or teacher gathers together in the schoolhouse or the chapel all who require his services. Generally a hundred or more patients receive treatment during the single day that the doctor is able to spend in the village, while at regularly established dispensaries as many as two hundred cases are treated in a single day.

Since my return to the field in February I have made a tour through my district. Words fail to describe some of the suffering and misery which I found. Thousands of souls who would suffer unattended are in this manner

reached and helped. One case was that of a young man who fell from the top of a tall tree and was actually split apart in the groin. There was no one to help him until I arrived.—*Judson C. King, Banza Manteke, Africa.*

During the last of the year I visited all of our outstations, taking simple remedies with me. So far as I could learn I was the first foreigner to bring Western medicine to any of these places. Not only did I find use for the medicines, but had the best opportunities I have ever had for giving the people talks on hygiene and religion. These were all illustrated with objects, and men, women, and children, many of whom had never heard before, gave perfect attention.—*Mrs. J. H. Giffin, Kaying, South China.*

A daily dispensary is held, free for the very poor, and with a small charge for those who can afford it. Some days there are from one hundred and fifty to two hundred patients, and the annual totals show a steady growth, year by year. Often I am called into the home when the patient is in a critical condition, as in case of accident, suicide, from opium- or match-poisoning, and burns; also in maternity cases, and at some crisis in an acute disease, or as a last resort in a failing malady. This is not, for the most part, a very satisfactory phase of our work, except in the maternity cases. One is never sure that the treatment outlined will be followed faithfully. It is common knowledge that, in some acute cases, a dozen different doctors will be called in within a couple of days, each leaving a different prescription. Yet it does offer an opportunity to demonstrate one's interest and sympathy in all the anxieties of the home—an attitude that is usually appreciated.—*C. E. Tompkins, M. D., Suifu, West China.*

Medical work in the dispensary has demanded much time and effort. Our chief attention having been drawn to the probable wide-spread prevalence of what is popularly

known in America as the hookworm disease, and to its great depredations upon the energies and resources of the people, considerable effort has been made toward establishing a camp dispensary for the treatment and prevention of this disease.—*E. Bullard, Kavali, South India.*

The week after our arrival I opened the dispensary and had five patients, seven the next time, and then the numbers began rapidly to increase until for many weeks now there have usually been sixty or more at each clinic, with a maximum of ninety-two.—*F. W. Goddard, M. D., Shaohsing, East China.*

**Training Native Doctors and Nurses**

Practically all foreign mission boards are emphasizing today the necessity of developing a trained native leadership who shall ultimately assume full responsibility for the Christianization of their people. The evangelistic missionary devotes much time to the training of native preachers. The educational missionary must have native teachers as his associates. Similarly the physician in a district of a million or more inhabitants cannot possibly meet the needs of the sick and suffering multitudes without the assistance of trained doctors and nurses. A substantial amount of the medical missionary's time is therefore given to the medical education of native assistants. The Christianizing of a nation can not be accomplished by foreigners alone—it will be achieved by the native people themselves. The evangelistic, educational, and medical training of native leaders is therefore indispensable.

The medical training of three men has been an important phase of my work. All cases brought to the hospital are studied by these men, while I lecture on the cases and also teach from charts and pictures in medical books. Thus they get the text-book along with the disease and the patient. These men then do all the preparing of prescriptions, all the administering of medicines, and all the nursing. They are examined from time to time on those diseases they have seen and worked with, so that now they are very clever in prescribing for the more common diseases themselves and do so to a large extent, and successfully. When I am away itinerating, two of these men care for the work in my absence, referring any difficulties to Mrs. King. The third man goes with me, and under my direction does most of the examining and dispensing. Thus he is getting the practical knowledge he needs for his future work.—*Judson C. King, M. D., Banza Manteke, Africa.*

We have three of our graduate nurses as our assistants, ten in the training-school, and two more ready to come as soon as the new nurses' home is opened. The work has gone on as usual, regular classes have been held throughout the year, and the practical work done in the various wards. Four nurses took the General South India nurses' examination, two seniors and two juniors; all passed with credit, one with distinction. Two nurses have finished their training and have gone back to help the missionaries who sent them.—*Annie S. Magilton, Nellore, South India.*

Since our doctor returned to America on furlough, the dispensary has been conducted by Doctor Yang. Last year, with three assistants and two coolies, the dispensary cost the mission about $100. This year, with one less assistant, the total expense has been about $80. Doctor Yang is very popular, because of his work in the wealthy villages and

towns. He has had the experience that very few native physicians receive in such a short time, and has won in a very large measure the esteem and confidence of the Chinese.—*A. F. Groesbeck, Chaoyang, South China.*

We now have twenty-six nurses in the hospital in training. The aim of the school is threefold: (1) To train young women to become self-supporting, helpful Christian women; (2) to minister to the sick within the hospital; (3) to serve the general public by going to the homes of sick people who do not care to go to a hospital or who live too far away to come. The course is of three years. To conform to hospital requirements the students must have entered high school. All our class work is therefore in English. Classes are held every week for nine months, except in cases of emergencies.—*Rose E. Nicolet, Iloilo, Philippine Islands.*

When the doctor leaves on furlough the hospital is closed. If this work is to be continuous, or become a vital part of the work of the Christian church in China, it is essential that there be trained Chinese doctors, nurses, and other helpers. We are always on the lookout for prominent schoolboys, and encourage them to prepare for the medical school, or the school for nurses at the Union University at Chengtu.—*C. E. Tompkins, M. D., Suifu, West China.*

One of the outstanding features of the past year is the organization of the Nurses' Training School in the Woman's Hospital. In September we started our class with four bright schoolgirls and a graduate Chinese nurse to help with the teaching. Our school has been registered and the graduates will be eligible for membership in the Nurses' Association, and after satisfactorily passing the examination will be awarded the diploma. One graduate

nurse has already passed this examination with honors.—*Harriett Newell Smith, Ningpo, East China.*

A special feature of the year was a class of fifteen men, to whom we, on request of the Chinese official, gave two days of lectures and one of practical demonstration in methods of vaccination. This class had to pass a written examination and each member vaccinate a child in our presence. Those who passed were given certificates by the official, who also established a bureau to procure fresh vaccine and dressings for the use of these men.—*C. F. MacKenzie, M. D., Kinhwa, East China.*

**Service During Plagues and Epidemics**

When great epidemics of smallpox, typhus, cholera, and other terrible plagues, fortunately so rare in America, sweep across vast areas in the non-Christian world, the time and strength of the medical missionary are taxed to the utmost. Then indeed does he become a minister of healing, working daily into the long hours of the night, like a true apostle of Him who saved others but spared not himself. Frequently the physician is himself stricken with the disease from which he tries to rescue the thousands who are afflicted. No physician in America ever comes into such close personal contact with "the pestilence that walketh in darkness and the destruction that wasteth at noonday." There are thousands of people in the non-Christian world alive today who but for this heroic service of Baptist medical missionaries would long ago have perished with other countless multitudes as victims of Oriental plagues.

Three epidemics have visited us—plague, in the early part of the year; cholera, in the hot season, and influenza, during the last quarter. These epidemics added long hours to our busy days in the dispensary and out-patient work, and cut down seriously the number of in-patients in our wards. As soon as plague came to a town, houses were evacuated, many people fled to other parts of the country where the dread epidemic had no hold, while those who must stay went into thatch huts far from the town in the open country. Many shops were closed, business was practically at a standstill, and people avoided coming into the stricken town. Three days a week were set apart especially for inoculations, and people came from miles around the country to be inoculated. Some days we inoculated more than 200 people. The word influenza needs no explanation. We have worked through many epidemics of cholera and two of plague, but we have never seen such abject misery as accompanied influenza in these villages. Whole families were laid low in such swift succession that there was no one to care for or even to cook, feed, or give water or medicine to the sick ones. In some villages there were none left with strength enough to dig graves, and the bodies of the dead were thrown into wells. The fearful destitution of the people, owing to the famine conditions, left them no reserve strength with which to resist the disease. Complications of all sorts followed. People flocked to us, begging to be taken into our wards. If we had had a staff immune from disease we might have done a large in-patient work. As it was, one after another of the staff became ill, and it was with the greatest difficulty we were able to care for them.—*J. S. Timpany, M. D., Hanumakonda, South India.*

We vaccinated 175 children last spring, not many when compared with the swarms of little folks in the city and near-by districts, but it is a decided increase over pre-

vious years. The great majority are still devoted to their old methods of vaccination, that of three or four places on the arm, or inoculation of the smallpox virus in the nasal cavity. We had several cases this year where children had developed huge abscesses of the knee- and elbow-joints as a result of the dirty infections, some proving fatal.—*C. E. Tompkins, M. D., Suifu, West China.*

Early in November Spanish influenza visited the Chin Hills and left countless graves in its trail. Schools were closed from November 13 to January 1, and many pupils have not returned. Five of our Haka pupils have died. From others living at a distance I have not heard. The death-rate has been terrible. Thirteen entire families here have been wiped out, and from one family of nine only one little three-year-old girl is left. After going among them constantly and doing what I could for them for several weeks, I finally took the disease myself. All the Chin Christians and many of the heathen seemed to feel a personal responsibility for my recovery.—*Laura H. Carson, Haka, Burma.*

Influenza, after spreading over most of Europe and Africa, reached India. It began in the great cities, then came to smaller cities like Ongole, and then raged in the little hamlets of the jungle. It has been more fatal than the great Bombay plague. Thousands have been swept into eternity daily. Indian people are generally underfed and know little about caring for themselves in sickness. Influenza comes to them in a seemingly gentle form, then fever sets in, and finally bronchitis or pneumonia grips them in a vise, from which they cannot escape.—*J. M. Baker, Ongole, South India.*

Early in the year a terrible scourge of cholera broke out in Allur. Most of the patients were seized at night,

and if not promptly attended to and carefully watched and nursed, the next day about noon would find them past recovery. So fearful were the people of the demons that stalk about after dark, that all houses were closed shortly after nightfall, and very few, if seized by the disease in the night, could find means to report to the teachers. For days, when the pestilence was at its worst, we did nothing but watch symptoms, pour cholera mixture to those attacked, and nourish the convalescing.—*Charles Rutherford, Allur, South India.*

During the spring I went to several villages and inoculated over four hundred people with plague serum. We also vaccinated over two hundred children against smallpox. About two hundred students were inoculated with the plague serum or vaccinated. This year there has been no plague to speak of in our neighborhood. The people have learned by experience the value of the serum, and as soon as a case appears in their neighborhood they rush for an inoculation.—*Fannie Northcott, Swatow, South China.*

A serious outbreak of plague, which reached every portion of the Secunderabad field, seriously interfered with our work, especially in the villages. In one village more than a hundred died. A sorcerer had visited the village before our inoculator got there, and told the people that a goddess was angry with them. He selected a tree close to the village, painted the stem, placed some pots round the roots of the tree, and told the people trouble was over for their village, and went on his way to do more mischief. They believed him, and refused inoculation.—*F. H. Levering, Secunderabad, South India.*

I was compelled to give up my work in May, because I was myself stricken with typhoid. There were 140 patients in the hospital at the time, and it was a source of greatest satisfaction to learn how my helpers shouldered

the responsibility of this heavy burden. So far as I can find out, they did their work as faithfully as though I had been on the job. And their constant solicitation for my recovery was most gratifying. They proved themselves loyal coworkers.—*C. E. Tompkins, M. D., Suifu, West China.*

**Sanitation and Public Health**

The medical missionary in the non-Christian world also finds abundant opportunity for service in the development of sanitation and hygiene and in the promotion of public health. Much of the disease in the Orient and in the tropics is due largely to the fearfully unsanitary conditions among which the people live. The purity of a water supply is never questioned. An epidemic of cholera at a large school was caused by an old woman who washed in the drinking-water supply of the school the clothes of a child who had died of cholera. The filth of heathen villages is indescribable. Fresh air at night is more dreaded than sickness. The task of the mythical Hercules in cleaning out the Augean stables was far less difficult than the task which confronts the medical missionary of today in his efforts to introduce the gospel of sanitation and public health.

Closely allied with the physical evils growing out of an unsanitary environment are the social evils which flourish under such conditions and which present great problems to the medical missionary. The worst phases of intemperance and alcoholism are

seen by the medical missionary. Nicotine, opium, and other drugs claim countless victims in heathen lands, and only the strong arm of the missionary doctor can overcome these forces of evil. Unmentionable vices and diseases due to immorality present other problems all the more difficult because of the prevailing low standard of morality. The medical missionary indeed faces a task whose achievement comes as near being impossible as any that could be imagined.

In typical heathen communities the houses are more or less in a dilapidated condition. The hogs and goats make the ground filthy; the inhabitants sit about on the dirty earth, prepare their food, and put it on the ground in the dirt; wear scarcely any or no clothing. The villages are in locations near breeding-places for mosquitoes and the tsetse fly, the former carrying malaria, the latter sleeping-sickness. Drunkenness and immorality are common. In these villages not many children are seen in proportion to the number of adult females. The village that has come under the teachings of the medical missionary is built away from the jungle, on hilltops, where the breeze bathes the village, keeping the flies and mosquitoes away; the houses are kept in repair and the natives have learned to sit on mats instead of the dirt. Marriage relations are sacred, most of the men have but one wife. Teachings on hygiene are followed, and many more babies are seen in the Christian villages. More clothes have made disease inoculations by insects less possible; better sources of drinking-water have lessened other diseases; health, strength, cleanliness, and orderliness have taken the place of disorder, filth, weakness, and disease.—*Judson C. King, M. D., Banza Manteke, Africa.*

You speak of hygiene and sanitation. I have not yet seen anything of the sort in the Manipur State of Assam. The Kukis are filthy in body, and the Tangkhuls have the dirtiest villages I have seen anywhere in my life in all my wanderings about the world! The only thing to compare at all nearly with several I visited in July is a badly kept back barnyard in America. Cattle are kept in the front room of the houses and the front yards of most of the houses in the villages together constitute one general area or commons in the center of the village. In several of the villages I visited, this entire area was one complete mass of slushy manure, through which the people walk to and fro every time they go to any other house or place during the rainy six months of the year.—*G. G. Crozier, M. D., Manipur, Assam.*

The Madras Government recently approached us regarding the improvement of the sanitary conditions in the surrounding villages. It is hard for those living in our beautiful suburbs and clean healthful towns in America to realize the fearful filth, the unsanitary conditions which prevail in India. The inauguration of sanitary methods in such surroundings means something.—*F. W. Stait, Udayagiri, South India.*

The need of sanitation is well known in all China. There is constant association with filth, vermin, and all diseased conditions. Isolation is not practised in any form—patients in the most contagious period of virulently infectious disease mingle freely with the crowd of the street, tea-houses, or public gatherings.—*J. C. Humphreys, M. D., Yachowfu, West China.*

In some of our cases we find great difficulty in carrying out a rational treatment. A couple of women, one quite young, came the other day complaining of the

younger woman's cough—tuberculosis, of course, for the white plague thrives in China. We asked her about her sleeping-room, and she described, as we expected, a room with no window whatever and door tightly closed at night, while three or four people slept in one corner. We told her that to save her life she must certainly change all this: put up a shelter in the open court, and sleep there. But, oh no—if she were to attempt to sleep without everything tightly closed the evil spirits would trouble her sleep.—*H. W. Newman, M. D., Ungkung, South China.*

My class work is a little heavier this year, for in July I put in a new subject for the first- and second-year women, "Lessons in Elementary Tropical Hygiene." This subject takes up the common diseases of India, such as cholera, plague, smallpox, measles, chicken-pox, malaria, skin diseases of all kinds, leprosy, etc., giving their treatment and prevention. Of course, hygiene is the main thread through the book. As a result, I have seen a big difference in the cleanliness in the homes.—*Lillian V. Wagner, Ramapatnam, South India.*

You might be interested in my lepers. I have had six under my personal care for a year, the state paying practically all the expense. Next year I hope to have help from other sources also. One is so nearly well that I could discharge him, but I am retaining him as an assistant in the care of the others. Two have died, and the four remaining are to be housed at the new mission compound as the beginning of a permanent leper colony. There is much hope in the latest methods.—*G. G. Crozier, M. D., Manipur, Assam.*

**The Red Cross and War Relief**

There is another type of service which the medical missionary is called upon to render more fre-

quently than is generally supposed. The non-Christian world is far from being in a state of political equilibrium. Civil wars, political feuds, clan fights, battles with robber bands, and other internal disturbances are of more or less regular occurrence. In such times of disorder, the medical missionary finds his services in great demand. During the civil war in West China, the hospital of Dr. C. E. Tompkins ministered to more than two thousand wounded men, including officers, soldiers and civilians. In recognition of his services the Chinese Government awarded him a medal and military decoration.

For nearly three years this mission hospital was not without its wounded soldiers. Our big crowd of wounded, received at the close of the year, had recuperated sufficiently to return home—when, in April, a new crowd of over one hundred was dumped on our hands. A couple of companies of Yunnan soldiers had been ambushed about twenty-five miles away by a horde of Szechuan robbers, and were badly cut up. It would require nearly an entire day just to change the dressings. The cases were just the usual run of shattered thighs, legs, and arms; punctured lungs; wounds in all parts of the body. The days had been warm, the roads were dusty, and the transportation was delayed so that the wounds were badly infected. The helpers soon learned the seriousness of secondary hemorrhages—the great bane of the military hospital—and would quickly apply a tourniquet to the injured part and prepare the patient for operation.—*C. E. Tompkins, M. D., Suifu, West China.*

During the War several medical missionaries offered their services to the cause of world democ-

racy. Dr. J. R. Bailey, of Assam, spent six months in France with the Assam Labor Corps. Dr. H. R. Murphy, of Bengal-Orissa, and Dr. G. G. Crozier, of Assam, were attached to the British forces that were being recruited in India. Dr. N. Worth Brown, of East China, was commissioned a Major in the American army and served in France for more than a year. He is a recognized expert on certain obscure diseases of the heart, and the United States Government loaned him to the British Army for the treatment of such cases. An unusual service was rendered by Dr. H. W. Newman, of South China, who commissioned Major, was deputy commissioner of the American Red Cross to Siberia, spending fourteen months in service there, first with the Czecho-Slovak Army and later with the Russian Army. He was placed in charge of an anti-typhus campaign and carried on a successful struggle against this deadly disease until he himself was stricken. Fortunately he recovered.

In one regiment of soldiers there were more than two thousand lying sick. We organized a hospital to care for these sick and to put into practice such other sanitary measures as were necessary to prevent the wider spread of the typhus epidemic. This hospital opened its doors for the reception of the sick in less than three weeks after the day when we had first arrived for the inspection. In that space of time we had taken an empty building, and not only brought in the supplies for conducting medical work, but had built all the furniture, including beds, necessary for the hospital, and gathered together a Russian

personnel for caring for the sick. By the middle of April we had cared for more than a thousand soldiers sick with typhus, and the epidemic was well under control.—*H. W. Newman, M. D.*

Doctor Newman was organizing a surgical hospital to be equipped with fifteen hundred beds at Cheliabinsk, when the city and garrison were compelled to evacuate because of the advance of the Bolshevik army. Major George W. Simmons, special Red Cross commissioner to Siberia, wrote as follows regarding Doctor Newman's work:

In all the story of Red Cross achievement in Siberia there will be no greater credit due any individual than that due Doctor Newman for the successful accomplishment of his anti-typhus work at Cheliabinsk and Petropavlosk. Almost without American aid, Doctor Newman cleaned out a factory building and installed an efficient typhus hospital, and later built up a hospital of 450 beds at Petropavlosk, where, under his direction, the mortality rate was cut down by about two-thirds.

**A Challenging Service**

Where in all the world is there a service so big, so challenging, so beset with difficulties, so fascinating, so varied, so heroic, and so Christlike as the service of the medical missionary in the non-Christian world?

# CHAPTER III

# UNUSUAL CASES IN THE EXPERIENCE OF BAPTIST MEDICAL MISSIONARIES

And when he had called unto him his twelve disciples, he gave them power against unclean spirits, to cast them out, and to heal all manner of sickness and all manner of disease.—Matthew 10 : 1.

## CHAPTER III

### Unusual Cases in the Experience of Baptist Medical Missionaries

During the course of a year's work most medical missionaries are called upon to treat cases which can be adequately described only as extraordinary. Any one of such cases, if coming within the practice of some physician in America, would furnish data for a special article in some medical journal, or might easily be the subject of a report at a conference of physicians. In non-Christian lands such cases are of more or less frequency and are crowded among hundreds of other cases, so that the medical missionary seldom recognizes them as worthy of special mention in his report to the constituency which supports him. What general practitioner in America during the course of a week's or even a month's practice would be called upon to treat diseases such as are mentioned in the following paragraph?

A mere list of some of the diseases which not only decimate the population, but at times destroy whole communities, is enough to awaken intense interest upon the part of any Christian medical man and a desire to plunge into the battle against these enemies of the human race.

Among those commonly found are: Ankylostomiasis, beriberi, cancer, cataract, dysentery, cholera, elephantiasis, epilepsy, erysipelas, goiter, leprosy, plague, smallpox, trachoma, tropical ulcers, trypanosomiasis, tumors, typhoid fever, and typhus.—*Rev. P. H. J. Lerrigo, M. D.*

Baptist medical missionaries are constantly meeting unusual and extraordinary cases. These are not only of professional interest but are also of great significance in revealing conditions of living, traits of character, varieties of human nature, and native customs in the non-Christian world. They clearly indicate some of the tremendous difficulties and the great obstacles which must be overcome in the task of extending the kingdom of God throughout the world. A missionary's faith is sometimes sorely tested when such unusual cases come, and when such a faith triumphs the victory is all the more secure.

God has wonderfully blessed my efforts to relieve suffering and save life. There have been four severe cases of pernicious malaria, and two of them were of the "algid" type, when the body was like ice, the pulse very weak, and respiration very difficult. In one case the body was drenched with icy perspiration. In the other there was none at all. In the latter case the suffering was intense. Alone, except for my own native helpers, with such serious cases, one learns to depend upon Christ, the great helper, and he does deliver us in time of trouble and gives strength and wisdom in sudden emergencies. For several years not a person has died on this place.—*Mrs. Jennie Johnson, Loikaw, Burma.*

Two remarkable cases in the experience of Dr. C. B. Lesher, of Chaoyang, South China, are of more than professional interest. Sometimes such cases present opportunities for performing real miracles; they also show to what extent the missionary, notwithstanding his strenuous and self-sacrificing efforts, is called upon to do the impossible.

We had a lockjaw case recently. He was a young man of twenty, and was in such desperate straits that he couldn't swallow a drop, and his body was rigid and convulsed by intense spasms every few minutes. A suddenly or loudly spoken word, the noise of moving a chair, the cackle of a hen, the quarreling of children on the street threw him into spasms. It was an unusual case, and many physicians in a lifetime never have the opportunity of seeing such a specimen. Several dollars' worth of medicine were injected into him at one sitting. At first this case was a number of miles inland, and I remained in his village for two entire days, literally spending hours by his bedside. On the morning of the second day, the patient to the Chinese seemed worse, but by timing his pulse and respirations by my watch, I could assure his friends that he was somewhat better. I could give very little encouragement for his recovery unless he came to the hospital. He came, and a month later went home well, both he and his mother declaring their belief in Jesus and their intention to follow him.—*C. B. Lesher, M. D., Chaoyang, South China.*

A well-dressed gentleman appeared at the door, stating that he would like to have a few words with me at my earliest convenience. He had come from Swatow and was on his way to his home. His wife was sick, and he asked me to see the case. I agreed to go as soon as the

cases before me were finished, but was kept busy during the entire forenoon. Our destination was a village fifteen miles distant, against which seven surrounding villages were fighting. By a circuitous route, adding another seven miles to our journey, we were able to evade the enemy and reach his home. The man had studied in Pekin for five years. He spoke French fluently. His library contained hundreds of volumes. His wife was an accomplished woman, who could read, write, and paint. Her disease was worse than the dreaded cancer. She had had a frightful hemorrhage, and I realized that it was too late to save her. I gave her what hypodermics seemed advisable, and then, in search of another drug, walked more than two miles to a large village where a Christian had a drug-store with some foreign medicines. To get to the drug-store I had to go over the breastworks of this central village, and then across those of the opposing villages. I reached the drug-store after dark, got the needed drug, and after much search finally was able to hire a sedan-chair and bearers to take me back to the central village. Further hypodermics were administered, and I retired at 10 P. M., was called at twelve; they feared the patient was having another hemorrhage. It was not the case, and I retired once more. The patient rested during the night and felt better in the morning, but I had already warned them that if she lived over night she would almost certainly die within the next two or three days. Although there were very few chances for the patient's recovery, it seemed best to return to Chaoyang for further drugs and instruments preparatory to operation in case the patient rallied sufficiently to warrant it. I reached home at 1 P. M., hastily ate dinner, and prepared for the return trip. I had gone less than a mile when a messenger reached us, who said the patient died two hours after I had left in the morning.—*C. B. Lesher, M. D., Chaoyang, South China.*

The deepening shadow of hopeless despair and the dark tragedy of heathenism are seldom pictured more realistically than in the following incident where the missionary, although in this case not a physician, was called upon to bury the victim whom the plague had brought to an untimely end:

On every tour we attempted we have run into cholera. In every case I have done all possible in the way of giving personal attention to those stricken down, because there seemed no other thing to do. This service, however, proved a serious obstacle to touring, as neither preacher nor missionary is welcome in any village after having visited where cholera is raging. The following experience illustrates the terrible dread that seized upon a community during an epidemic: On a Sunday afternoon, while passing through a certain village, I heard the sound of women wailing. Instantly I knew that some one dear to those women had died. Upon inquiry I learned that a son of one of the women had died of cholera the preceding night. I searched the whole village for some one to help bury the body. Every one seemed aghast at the mere suggestion, and with no amount of persuasion could I get even one to assist me. Finally I secured the help of the one able-bodied male member of the household. We carried out the body, dug the grave, and buried the remains of the poor young Sudra lad just as the dusk was gathering.—*Rev. T. V. Witter, Podili, South India.*

As indicated in a preceding chapter, the miracles of modern surgery always create a profound impression in the mind of heathenism. Owing to the progress of preventive medicine and the resort to medical aid at the first approach of disease, phy-

sicians in civilized lands are rarely called upon to perform operations as serious as some of those in mission hospitals. Probably only in the great hospitals behind the lines in France during the war were miracles of surgery performed which surpass those on the mission fields of Christianity.

An emergency case was brought in one night at ten o'clock. A man had been plowing his field. The cow had become frightened and had run away, trailing the plow behind. A child was in the way, and the point of the plowshare had caught her in the pit of the stomach. It had gone through the abdominal wall, had grazed the stomach and the diaphragm. The wound, to say the least, was somewhat soiled. We summoned a volunteer from the boys' school to assist us, and we finished the operation after midnight. The patient recovered nicely.—*C. B. Lesher, M. D., Chaoyang, South China.*

A little girl had been sick for seven weeks. At first they thought it was a slight affair, and called, one after another, several native doctors, or quacks, as we would call them, until six had seen her. Each waited his turn, and without consultation with any of the others prescribed roots, sticks, sand, powdered bone, wasps, snake-skins, and ox-gall. As usual, when death is near, they called the mission doctor. During the eight weeks that had elapsed since the onset of the disease the appendix had gotten worse, until finally it dropped off, permitting the intestinal contents to pour into the abdominal cavity. After assuring them that no amount of medicine nor any sum of money would save her life, and that she had a small chance if she would have an operation, they agreed to take the chance, reasoning that since she was practically dead anyhow, why not let the doctor have a trial. The

father carried her in his arms, the half-starved and half-dead little thing trying to smile, and placed her in our care. Upon the operating-table we found that our diagnosis had been correct. So sure were they that she would die that they went ahead with the funeral preparation, such as "buying the boards," as they call it, or arranging for the casket as we would say, and had some tailors busy night and day making grave-clothes. She did linger close to death's door for three or four days, but finally began to improve so that by the twenty-fifth day she was ready to take home with no aches nor pains and looking rosy and fat. This case made clear to all the natives that the mission doctor had a knife not to be feared.—*G. G. Davitt, M. D., Yachowfu, West China.*

A Sudra woman of the carpenter caste had spent much of her time and substance in consulting Indian medicine-men for cancer. Finally she was told that the knife alone might save her, so she came to us. With the harsh treatment of burning, blistering with irritating plasters, etc., she was left much worse, with an increased growth and a running sore making her much debilitated. We could give her very little hope, fearing that she might not survive the operation. So sad was her condition and so persistent the entreaties of the patient and her relatives that we agreed to do our best for her. After a few days of building-up we performed the most serious of such operations that we have ever had. Four times during the operation her life became uncertain, and four times with hypodermics, hot applications, saline solutions, etc., she was sustained and safely carried through. Forty-two stitches were required. She made a good recovery.—*J. S. Timpany, M. D., Hanumakonda, South India.*

One of our patients was an old gentleman, who for many years had been almost blind. An eye disease had

turned his lower lids in toward the eyeball, which was continually scraped by the lashes. Everybody knows how painful it is and how little one can see if he has a bit of dust or a hair in his eye. Here is a man who for many years had both eyes full of lashes. A delicate operation on both eyes and about fifteen days in one of these clean beds turned his lids out the way they ought to be, and, as he says, restored his eyesight. The first day he was out of the hospital he walked all around the city to see his friends whom he had not been able to see for years, and to show them what the mission doctor had done for his eyes.—*G. G. Davitt, M. D., Yachowfu, West China.*

Infant mortality, degraded womanhood, parental tyranny are terms which bring to our minds only blurred pictures of vague, indefinable conditions of living thousands of miles away. In heathenism the grim, depressing realities will force themselves on the attention of the missionary in every village, along every road, in every home.

Far more than half the babies born in China, it is said, die in infancy. We of the hospital at Ungkung can well believe this fact. The other day a nine-days-old baby, a very sick child, was brought in by his grandmother. If the family had not entirely despaired of saving the little fellow's life, they never would have allowed the old granny to bring him, or even to go outside the house door. In China, owing to the belief in evil spirits, neither light nor air is allowed to touch the infant for the first ten days of its life. It seems that on this little fellow's first day he had not been inclined to eat. In China a baby so unfortunate as not to be born hungry, is forthwith subjected to a sort of "cure." All the grannies, wizards, and medicine-men are invited to prescribe. Any mess, be it ashes mixed

with ground-up cockroaches, or a bunch of boiled green grass, or powdered dog bones, or any other violent concoction, is procured, prepared, and given to the suffering infant. He has to take it, for it is thrust down his throat with a long forefinger. Occasionally an infant will survive this violent treatment, and in such cases the reputation of the author of the prescription is established in the community, and he will be invited to repeat the treatment on other patients. This little fellow in particular had been treated to a long list of heathen remedies. We did everything possible for him, but nothing could overcome the handicap of those terrible heathen medicines.—*H. W. Newman, M. D., Ungkung, South China.*

A closed cart was drawn up to the woman's side of the hospital. On inquiry I was told that a woman and her two children who were in the cart were very ill, and if, after examination, I was willing to accept them as patients, the friends would leave them under my care. Being suspicious, we took the cart to a distant ward, and on opening the curtains in which the vehicle was smothered, discovered an unconscious, pulseless woman and two babes, one four years, the other six months of age, both in the same condition as the poor mother. It did not take us long to decide with what we had to deal. Cholera in an advanced and malignant form! Would we undertake to treat them? If not, there was nothing left to hope for, as no one would attempt the work if we refused, nor would they allow them to enter the village. Of course we would, and did. Night and day our assistants toiled. The mother lay in profound coma for six days. On the seventh day there were signs of slowly returning consciousness. Her friends, without hope, kept the covered cart at the ward door in readiness to carry away their dead. But for the mother and the older child life triumphed, and at the end of three weeks they were taken

away by relatives who were quite converted to the efficacy of the mission hospital; nor could they express all they felt regarding the noble, self-sacrificing love of our Christian workers. Who else would have done such a thing? Before the terror of that dread disease the nearest relatives would have fled, fearing to hold even a cup of water to the dying lips. The tiny babe we could not save. It lingered for five days unconscious. The case was hopeless from the first.—*Mrs. F. W. Stait, M. D., Udayagiri, South India.*

One of the cases now in the hospital is of special interest because of its sadness. It is that of a young girl who has been making a gallant fight against typhoid fever, but it is a losing battle, and tonight she will probably pass over the line. Her parents are distracted. The poor father has waylaid me several times a day and pleaded with me to save his daughter. He told me she was his only child, and his eyes filled with tears as he said it. The mother also shows great affection for her daughter, and no wonder, for she is a lovely girl. But sad as their grief is, it is sadder to me to read on the slip of one of the nurses who has been doing evangelistic work in the ward where this patient is, the following comment: "The girl in Ward VI, No. 4, said, 'I received Christ long ago and am ready to be baptized, but my parents do not approve, and so I must wait until I am old enough to be independent.'" For this she has been waiting, and the responsibility lies at the door of the parents. Is it not sad that the young people are hindered in this way?—*R. C. Thomas, M. D., Iloilo, Philippine Islands.*

The medical missionary must be a man of rare patience. He must be prepared constantly to meet competition, not with other missionaries, but with

heathen practitioners, witch-doctors, quacks, and the innumerable variety of native medicine-men. Superstition flourishes in heathenism like seaweed on the bed of the sea. It is a part of the very structure of pagan civilization. Native practices and customs, the heritage of centuries, will require similarly long periods of time for their eradication. It is but to be expected that the medical missionary will find many cases whose unusual character is due to the constant harassing interference on the part of medicine-men, who see in him the terminator of their lucrative careers.

Among the many cases treated, one comes to my mind which illustrates with what difficulty and under what a handicap we labor in trying to displace either the religion of this people or their native treatments for the sick. The chief wife of the native Shan ruler of Mongnai State had an abscess on her left shoulder which gradually grew worse despite native treatment. She told the local British official about it, and he advised her to call me to treat her, but she demurred, saying, "But he will cut me!" To which the British official readily assented, saying it must be cut in order to get well again. This frank statement as to what I might do to her was not sufficiently attractive for her to abandon her native doctors. In the meantime the abscess had become very painful, and she was suffering day and night with the pain, which kept steadily increasing. When her condition made her an object of disgust to those around her, she finally called me to treat her. When she did call me she had fifteen of the best native medicine-men she could get in the country treating her, and she was so weak that she had to be held up in a sitting posture by four female atten-

dants. The abscess was now almost as large as one's two hands held together, while her general condition made me despair of saving her life. The large abscess had had no washing or any antiseptics whatever, and was covered with huge green leaves. The native doctors had all said that the abscess was due to an evil spirit which had entered the princess, so their treatment was confined to sprinkling powdered barks over the abscess, covering it with green leaves, and in muttering incantations over their unfortunate but loyal and obedient patient, whom they had also nearly starved by denying her many foods. A very hasty inspection of the ulceration was enough for me to see what I was up against, with fifteen hostile medicine-men around just wanting a chance to make trouble for one who was taking a very profitable patient out of their hands. We got busy—fulfilling the prophecy of the British official by using the knife very freely indeed, not once, but on several different occasions, before she finally recovered. She is now as strong as ever; but she will carry that scar for the rest of her life! For four months we went to the palace daily and worked for an hour each day in treating our royal patient, who rapidly became free from pain, was able to sleep and to eat whatever she wanted to. At first I had to lay the law down very emphatically about those fifteen native medicine-men and myself: I simply would not stand colaboring with them; it was either my services alone, or else I would go, and she could have them all back again! After two days' treatment, however, she felt so much better that I had no trouble whatever with my medical rivals, who disappeared from the scene. Day by day I was able to preach a little to the princess and her attendants, and also prayed with her and taught her to pray. Of her own free-will and without my urging it, she promised to attend the preaching services in our chapels. Our work has achieved some prestige from this case, and the native

A Surgical Patient in the Philippine Islands

A Poor Chinese Beggar, whose Sight was Restored by the Missionary Physician

ruler and his wife are more grateful and friendly to us than ever before.—*H. C. Gibbens, M. D., Mongnai, Burma.*

Last March a gentleman consulted me in great distress about his father, who, as I soon found, had a large carbuncle on the back of his neck. Of course incision was necessary, but it was only after long and earnest persuasion that permission was granted, and then only under local, instead of general, anesthesia; but hardly had I begun the work when the son stayed my hand, and we practised patience instead of surgery. Then followed another long conversation, after which it was decided that I should return the next day with an assistant, and with the aid of chloroform do the thing properly. I have been many years in China, but I confess I was taken aback at the reception we were given—most courteous, but still fearful. We were kept waiting some time before the son appeared, and then instead of announcing that all was ready, which of course I did not expect, he came armed with a written memorandum of the questions and difficulties that had occurred to him and doubtless to other anxious friends. Would it hurt? Would the old gentleman "come out" after the chloroform? How much must he take?—altogether a total of forty-nine questions, by actual count. At one point in the interrogation he produced a diagram of the carbuncle he had made and asked me to indicate the location of the cuts I proposed to make. How deep would they be? Could I not dispense with one here or there? But at last, after an hour and more of waiting, we were admitted to the bedside. In the many daily visits that followed there were often tedious and sometimes vexatious delays. "He has just fallen asleep; will you please sit a bit till he wakens?" Or perhaps he was having a spell of indigestion and would prefer to defer the call till later. To save my time I repeatedly urged him to enter the hospital, but the con-

veniences of home, coupled with a real fear, held him too strongly where he was. But at last it was all done, even including two skin-graftings, which had to be performed without the patient's knowledge, lest he should become alarmed. The result was perfect.—*F. W. Goddard, M. D., Shaohsing, East China.*

Across the river are villages, to enter which was to risk one's life. From one of these villages there came several people with sleeping-sickness some months ago. Among them was a big, burly savage with a bristling beard all over his face. His name, Mpimbamvulu, meant "Darkness of the Storm," and he looked it. As that name was too long for every-day use, we called him Mandevo, or "Whiskers." Well, Whiskers was thick-skinned and muscular and very black, and he was often inclined to skip the treatments. But the big wife that brought him here made him step right up and take his medicine. She did not intend spending six months of her time looking after a disagreeable sick man and another six months mourning for him. But the wife's stock of food was soon exhausted, and she went home for more. One morning soon after Whiskers was missing. We concluded we had seen the last of him. About a week later we saw him coming up the path from the river, with a well-filled haversack slung over his shoulder, and a line of other sick people following. At the end of the line was a tottering skeleton in the last stages of sleeping-sickness. The patients were assured that there was hope for all but the skeleton.—*W. H. Leslie, M. D., Vanga, Africa.*

Unusual cases bring unusual rewards; extraordinary success brings extraordinary expressions of gratitude; for the non-Christian world appreciates the ministry of healing. The reward of the medical missionary is something more than the satisfac-

tion which comes from a professional task well performed. Patients who can do so, cheerfully pay for medicines and treatments. Others unable to pay hold the missionary physician in esteem and affection even long after their disease and its cure have come to be only a memory. Occasionally the doctor is the recipient of high honors and extraordinary attention as a token of appreciation of his services.

Real service brings forth real gratitude. One of the highest honors to be paid to a physician, and one rarely employed, was employed by a patient in Ningyuanfu. A man of sixty-five brought his only son for treatment. The boy had suffered the most excruciating pain for years and had been treated by every recommendation the countryside could offer, without relief. Operation under very unfavorable circumstances was followed by an uneventful recovery. To save the only son of a man of sixty-five years in China was to bless him beyond expression. Handbills were written and posted at all the prominent places in city and countryside telling of the sleeping medicine taken, the operation, the subsequent care and complete recovery of the son, and the father's gratitude. He told the fable of an old man who had once nursed an injured bird back to strength. As the bird was liberated, it flew back to say that it was a messenger from heaven sent to test him, and as a reward would bestow upon the man certain honors and rewards. The grateful father wrote: "Would that I had such power as that possessed by the yellow bird, that I might bestow such honors and riches upon the foreigners who have come among us to perform these deeds of mercy!"—*J. C. Humphreys, M. D., Ningyuanfu, West China.*

Thus the medical missionary goes on his way, healing the sick, curing the almost incurable, restoring the sight to the blind, bringing unspeakable joy and happiness to thousands of sufferers, who but for his healing touch would be destined to endless misery and despair. In the great cities of heathenism, in the towns and villages, along the highways, and along jungle paths, wherever suffering humanity has gathered, there the modern followers of the Great Physician are bringing the ministry of healing.

# CHAPTER IV

# MEDICAL MISSIONS AND EVANGELISM

And he ordained twelve, that they should be with him, and that he might send them forth to preach,

And to have power to heal sicknesses, and to cast out devils.—Mark 3 : 14, 15.

## CHAPTER IV

### Medical Missions and Evangelism

The work of the medical missionary is of incalculable value in the evangelization of the non-Christian world. Thousands of doors in heathenism, which under all other circumstances would be closed to any missionary endeavor, are opened at the approach of the physician. His disinterested service creates a profound impression. Like his Master, this modern follower of the Great Physician comes to the non-Christian world not to be ministered unto but to minister. In many instances he has given his own life in order that other lives might be saved. Although medical missions should never be looked upon as a proselyting agency, it is nevertheless easy to understand how the physician through his healing ministry produces an openness of mind, a receptivity of heart, and a readiness to hear the story of Christ whose reincarnation in the lives of his followers has made Christian missions possible. The medical missionary never forces Christianity upon an unwilling listener, for the reason that such procedure is never necessary. Saved from death, cured of disease, relieved of suffering—what patient would be unwilling to learn more of the Great

Physician in whose name the doctor has applied his healing art?

**Methods of Evangelism**

There are a number of methods by which medical missions contribute directly to evangelism. Practically all are employed at mission hospitals or dispensaries and in the stations where medical missionaries are in residence.

Chapel services are maintained regularly in connection with all Baptist hospitals. These take the form of daily devotional meetings, with brief talks and regular preaching services on Sundays. Such services are conducted by the physician himself or by the resident evangelistic missionary, or more commonly by the native evangelists on the hospital staff. All patients not confined to their beds attend these meetings, and for those unable to visit the chapel special religious services are held in the hospital wards.

Personal interviews with patients are of exceptional value. The physicians or the nurses, after new dressings have been applied and their patients have been made comfortable, or the hospital evangelists sitting at the bedsides of sick men and women, usually find that these are the opportune times to tell the story of Him who came to save men from their sins. The zeal of the hospital evangelist or Bible-woman, whom patients recognize as of their own people, and who years before were liv-

ing in heathenism like themselves, always makes a deep impression. The obvious contrast between the light which, reflected from the Light of the World, shines from their happy countenances and the darkness and despair amid which the sufferer has wandered for years, is enough to awaken in any patient a searching inquiry as to the efficacy of his own religion.

The distribution of Christian literature also plays an important part in medical evangelism. Patients are encouraged to read the Bible. Portions of Scripture and religious tracts are sold or furnished free to all callers at the dispensaries. Many a convert has been won through some copy of the New Testament which he received when calling at some dispensary for medical treatment or while lying in a hospital bed convalescing from a severe illness.

The following extracts from the letters of Baptist medical missionaries indicate the manifold ways in which medical missions contribute so directly to the work of evangelism:

Our hospital evangelist has continued his good work among the thousands who have visited our hospital. He has had the enviable position of being able to preach day after day to those who have come to us. In our dispensaries we have received patients from 1,821 different villages, and all these with their numerous relatives and friends have heard the gospel and have carried back with them Christian literature to their villages. Who can question the great Christianizing influence of medical mission work!—*J. S. Timpany, M. D., Hanumakonda, South India.*

The best part of the work is the happy time we are having in a religious way. My office is isolated, and I have a fine chance to put in a word on religion with the patients, after I have met the physical need. Quite a number have purchased Bibles or Testaments and many agree to come to Bible classes. Today I had a good chance to have an earnest talk with a senior about joining the church. It was inspiring to see his face light up when we talked of these things.—*R. C. Thomas, M. D., Iloilo, Philippine Islands.*

In the wards we encourage every one who can read, even though poorly, to take turns in reading Bible verses. The other day an educated Buddhist priest came into our hospital as an in-patient. At first he was unwilling to take his turn, but soon he fell into line, and now shows interest in the Bible. Imagine one of the gentry, a priest, a merchant, a farmer, a tailor, a fisherman, and several others taking their turns daily in reading verses out of the New Testament at our morning prayers. Where else could one see such a sight?—*J. S. Grant, M. D., Ningpo, East China.*

Each patient who comes to the dispensary receives either a Gospel portion or a good tract. We use these instead of cards for dispensary record, and the patients are required to bring these back when coming for future treatments. Wherever possible, we get them to buy a Gospel portion for this purpose. The other day a Brahman priest, who had been listening to the evangelist and evidently had become interested, came over to the bungalow and said he wanted to "buy books telling about God." Who can estimate the results of such "sowing the seed" among the inhabitants of 600 villages?—*J. W. Stenger, M. D., Nellore, South India.*

Great stress is being laid upon the daily Bible study, prayer, and conference, with the hospital staff of helpers.

It is most gratifying to see the young men in the service of the hospital make public allegiance to the cause of Christ. In all our activities there is this great objective before us—whether in the daily treatments, in Bible study, in the ward meetings, or in our social relations—that the patient may know Jesus Christ, whom to know is life.—*C. E. Tompkins, M. D., Suifu, West China.*

We have twenty-six nurses enrolled. The demand for our nurses in the homes of the residents here is continually increasing, and their work is appreciated. The best feature is the fact that all of the nurses are openly avowed followers of Christ. This fact gives promise of an evangelistic influence wherever they go. The aim of the hospital is to evangelize as well as to cure the sick, and bedside evangelism is carried on most effectively by these nurses.—*R. C. Thomas, M. D., Iloilo, Philippine Islands.*

We have evangelistic services for the patients every morning, and individual evangelistic work with ward services through the day. We have a card system for our follow-up work. This is in charge of the hospital evangelist. Whenever a patient is discharged a card is filled out, giving the necessary particulars about him, and sent to the evangelist who works that part of the field where the patient lives. We have had some very encouraging results from this work. We have a regular preaching service in the chapel of the hospital every Sunday morning, and last, but not least, we have a Sunday school every Sunday afternoon. The attendance at this has ranged from 75 to 150 all winter. Our opportunities in this direction seem only limited by the space at our disposal and the teachers available.—*Mrs. C. D. Leach, Huchow, East China.*

The hospital evangelist has been faithful in daily teaching the gospel in the wards and in the dispensary. Hun-

dreds of the gospel tracts have been distributed, and many of the patients have shown more than an ordinary interest in the message. The evangelist reports some thirty patients who enrolled as inquirers in a special study class, or took some work in the Bible school.—*C. E. Tompkins, M. D., Suifu, West China.*

There has been progress in the department of nursing which makes for efficiency as well as the added comfort of patients staying in the hospital. The hourly contact with patients by an interested and capable nursing staff means more even than does a good doctor's occasional visits. Our nurses are all Christian, for we stand first as a Christian mission. It is largely due to their close and constant contact with the patients that our evangelistic work has been so successful.—*C. H. Barlow, M. D., Shaohsing, East China.*

In the men's wards it has been a great delight to hear the patients intelligently discussing the truths brought out in the evening prayers. The new patients do not understand, and ask questions that are usually answered by an old patient. Our evening services are held in the wards, as many of our patients are confined to their beds. A goodly number are not only willing, but anxious to learn. Part of the day an outsider would think the wards a schoolroom instead of a hospital.—*J. S. Grant, M. D., Ningpo, East China.*

A young woman, suffering from Saint Vitus' dance, was brought in, and in a few weeks she was almost well. Through the daily talks with our preacher the family had come to know and love our God. Now every day their prayers go up with ours to "our Father, who art in heaven." Do you wonder I love the work and count it a joy to be here serving the Master?—*Miss Sigrid C. Johnson, Ongole, South India.*

Dr. Catherine L. Mabie Conducting a Children's Hour
in Kimpese, Belgian Congo

Dr. C. E. Tompkins Preaching in his Hospital
at Suifu, West China

In the dispensary a good many women receive their introduction to Christianity. A Chinese woman rarely comes alone; a relative or two, or even three, must come along to see what is going on, so it does not take long before there is a whole room full of women who are listening to the gospel message. Some of them come a long time before dispensary hours, even so much as four hours before. During the time of waiting the Bible-woman speaks personally to each patient as she comes in, and when they are all gathered together she preaches to them until the arrival of the doctor. The doctor, with the native nurses, then sees to the physical wants of the patients. As the more well-to-do Chinese women do not care to mix with the poorer classes, we have arranged for them to come to the doctor's office, paying, of course, a larger fee. These patients are received by a tactful native nurse, and over the inevitable cup of tea their minds are led from the usual polite talk to that which is nearest and dearest to our hearts. While they tell us of their ills we tell them of Him who is able to save the soul as well as to heal the body. In calling at homes is an unusual opportunity for telling of Jesus. As soon as the doctor and native nurses enter the house, if it is of a poor woman, say a hut, all the women of the neighboring huts come crowding in, so there is soon an audience as large as one cares to have. These people are good listeners too. The most of these calls are to women who are in the throes of childbirth, women who have been in labor for several days. The native midwives have done their best—we should say their worst; the native doctor too has prescribed, although of course not seen the woman; yet the baby remains unborn. Then the doctor and her assistant, with the help of God, gives the family a living child; or, if called too late for that, at least saves the life of the woman. Who would not listen under such circumstances? The doctor is the talk of the

neighborhood for days, and out from among these women there are always some who come to the regular services at the church.—*Emilie Bretthauer, M. D., Suifu, West China.*

**Contributing Influences**

Certain aspects in the work of the missionary physician should be mentioned, because they contribute so largely to the success of medical missions as an evangelizing agency.

**Altruistic Service**

The actual presence of the doctor in the heathen community is a source of never-ending wonder to the inhabitants. Altruistic service and disinterested humanitarianism are inconceivable to the non-Christian world. It is incomprehensible that any foreigner should come thousands of miles from home for no other reason than to be of service to humanity. Heathenism is constantly inquiring as to the personal profit which prompts the physician to engage in this task. Confucianism and Buddhism and other Oriental religions do not build hospitals for the sick nor send out doctors to rescue the physically perishing. In the mind of heathenism such a ministry of love and mercy before the advent of the missionary physician simply did not exist. Having been compelled to accept the inconceivable as an accomplished fact, the average heathen man or woman soon comes to recognize that the message of the man who renders such altruistic service is at

least worthy of respectful consideration. The character of the missionary and the motive which prompts his service compel attention.

There were rare opportunities too of impressing upon the wounded men as they rested in the hospital wards day after day the fact that many of them literally owed their lives to Christ, and *all* were indebted to him for the relief of pain and the healing of their wounds. For had it not been for the Christ, his message to men, and his example of loving service, there would have been no hospital at Suifu, and no clean dressings for their wounds. —*C. E. Tompkins, M. D., Suifu, West China.*

### Gratitude

Furthermore, the average patient if for no other reason than sheer gratitude for relief from suffering feels under moral obligation to listen with open mind to the missionary's story of the Great Physician who has sent him to the non-Christian world. The human heart is the same all over the world, and during periods of sickness or convalesence is more open to spiritual truth and more appreciative of acts of kindness than during health and prosperity. Many a patient through gratitude is led to consider the claims of Jesus Christ on his life. Many a relative of a loved one saved by the skill of the missionary physician, if he does not become a personal disciple, at least gives his endorsement and approval to Christianity as the religion for his community. On his way to catch a boat with only a few minutes to spare, a medical missionary was

called in to attend a boy who had fallen from a roof and had seriously injured his face. The physician made the boy as comfortable as possible but missed the boat, and thereby delayed his journey an entire day. The boy's father happened to be a wealthy banker, and out of gratitude he told the missionary that if he intended to build a church in that community the banker would give a large subscription and would also personally solicit his friends for their contributions.

In a room filled with smoke from cooking, and in a bed under which the pig made its home, I found one of my Chinese patients, a man of twenty, suffering from lockjaw. At first "No" was the only answer to my questions whether the man had injured himself with an unclean instrument. Finally, the mother remembered that he had cut his foot a few weeks before, "but that is entirely well," she added. All that remained of the wound was a pin-sized hole. I operated and found a piece of wood lodged deep in the foot. The boy was sent to the dispensary for further treatment. As a result of his cure the family rejected its old gods and has accepted Christianity. "We believe in Jesus, and we pray to him," they said. "Our old gods have not helped."—*C. B. Lesher, M. D., Chaoyang, South China.*

**Undermining Native Superstition**

Another influence which tends to make the non-Christian world more responsive to the evangelistic appeal is found in the undermining effect of medical missions on native superstition and prejudice. The rational treatment and cure of disease removes for-

ever the belief that its origin was due to evil spirits. An evangelistic missionary may preach for hours about the inefficacy of idols and the futility of idol-worship, whereas the physician, through a surgical operation or the application of some soothing medicine or even the simple extraction of a tooth, at once proves to the Oriental mind that demons have no existence and that idols are powerless to help. Having satisfied himself as to the efficacy of the foreigner's medicine, having become convinced that his own religion is of no value, nothing could be more natural than that the native should take a very real interest in the foreigner's religion. However prejudiced a man may be, it is very rare indeed that the sunshine of loving-kindness and the warm sympathetic touch of the doctor or nurse fail to melt the icy barrier of opposition. Of course as one of the incidents shows, care must be taken lest the new convert, having renounced an extreme and unreasonable faith in idols, shall permit the growth of an equally extreme and irrational faith in Christianity.

A considerable number of major operations have been successfully performed during the year, including four abdominal sections. These latter were far-advanced cases, huge tumors in three instances. Their removal and the return of the patients to their villages, cured, have given quite a wide reputation to the hospital. Our traveling evangelist says he hears about those operations wherever he goes, even in the distant villages. It seems that no abdominal surgery has been done in this district before,

and the common, uneducated people are all amazed that it can be done! These four cases were in the hospital a long time, and so we had excellent opportunities to speak of the Great Physician. Each one of these four gave testimony before leaving that hereafter only the living Christ would be worshiped.—*J. W. Stenger, M. D., Nellore, South India.*

The worst difficulty we have is when we come in contact with idol-worship, which flourishes throughout this city. Patients will insist on consulting the will of the idol before allowing the doctor to operate. The method used is something like this: The questioner kneels in front of the idol and ask a point-blank question, "Shall we let the foreign doctor do as he thinks best?" At the same time a half-moon shaped piece of wood is thrown in the air before the plaster image. If it comes down flat side up, the answer is "No"; round side up, "Yes." The other day I wished to operate on a poor little fellow who had been brought in with a crushed leg. When I had explained the process necessary to the parents they excused themselves to go off and consult an idol near-by, which had been particularly recommended to them. They came back saying that all they wished was a little medicine to rub on the child's leg. Evidently the die had fallen on the negative side. When I refused to back down from my position, however, they went away again to consult another idol, this time with favorable results. The boy and his mother will be in our hospital for several months hearing the gospel of truth. Perhaps faith in the true God may take the place of superstition.—*H. W. Newman, M. D., Ungkung, South China.*

One woman came in for treatment for chronic trachoma. Her eyes had been sore for a long time, but she would not come to the hospital for treatment. At last her eyes

got so bad she had to come. She was almost blind. She was prejudiced against Christianity before she came, and had made up her mind that she was not going to become a Christian. At first one of the nurses had to hunt for her every morning to see that she came to chapel. After she had been there a week or ten days she came herself without any urging. Finally she became so interested that she was the first one in her seat in the mornings. Her eyes were slowly responding to treatment, and she had to remain in the hospital almost three months. When her eyes were well, her heart also was changed, and now she is an earnest and helpful Christian woman.—*Fannie Northcott, Swatow, South China.*

One danger in doctrine that we have had to combat is an occasional tendency to depend on the name of Christ, or prayer, as a kind of "charm." Some of them had come to feel that because they were Christians, disease could not come to them! An illustration of this fallacy carried to its legitimate conclusion helped in dispelling it. Two evangelists in one of our fields had begun to teach the doctrine. We had heard that many had died in the neighborhood from smallpox. When we reached the little house that had been prepared for us, I inquired of the evangelist whether any in the neighborhood had the disease. "Oh, yes," he answered, "but being Christians we are not afraid." "Have you believed that and taught it to your people?" I asked. "Certainly," he replied, "are we not told that Jesus will answer our prayers?" "Yes, indeed," I answered; "but if we sin against knowledge there is no promise that God will protect us." We warned the preachers of their danger and went to the Government Rest House a mile away, where we stayed while in that section. The two evangelists were both simple and good men, and in spite of our warning continued to help those who were ill with the smallpox. Within ten days they

were both down with the disease. The lesson has been a severe one, and the incident has been of great help in the development of a more rational faith.—*Rev. A. C. Bowers, Mongoldai, Assam.*

**The Time Element**

The time element in medical work has a decided bearing on success in medical evangelism. The evangelistic missionary must often consider his work as seed-sowing. He can only pray that others may come later when the harvest is ready. On his tours through jungle villages he preaches to hundreds of people each night, but seldom faces the same audience more than once. His work is done in faith that the seed-sowing may bear fruit and that the preachers and teachers in the villages may be given strength and zeal to conserve the results. How different is the opportunity of the physician! In the hospitals patients are under treatment for days and weeks and even months. Personal interviews are frequent and indeed of daily occurrence, each succeeding interview affording opportunity of imparting further knowledge or presenting additional Christian truth, until the doctor experiences that wonderful satisfaction of witnessing the complete surrender of a soul to the lordship of Christ. When we reflect on this time element and the evangelistic opportunity which it presents, we do not marvel that so many patients leave the mission hospitals not only cured in body but restored in soul. We are not surprised that their experiences with

this work of mercy should gradually yet surely lead the patients to a definite allegiance to Jesus Christ, nor do we wonder that in their childlike faith these patients, reading imperfectly the stories of the healing ministry of Jesus, should sometimes identify the missionary doctor with the Great Physician himself.

In a little more than seven months we have received more than 2,500 patients, and more than 400 of them have remained in our wards as in-patients. Our patients seldom come alone, as a friend or two or the whole family come with the sick. This makes our evangelistic opportunity the greater, for all who come hear the gospel every day.—*H. W. Newman, M. D., Ungkung, South China.*

Through conversation, Bible classes, and in the daily ward meetings we present Jesus. Every patient, when he left the hospital, received a Gospel and a helpful tract to take with him. How far-reaching or effective that evangelistic message was I cannot tell, but I found a sign of its value in a way that I least expected. One morning while making my rounds I came to a man who was very seriously wounded. He looked up into my face and said, "Doctor, last night Jesus came to me and said that I shall get well." He was so weak I felt that the end was not far, and that he was delirious, but strange to say, he did recover, and left the hospital not long after.—*C. E. Tompkins, M. D., Suifu, West China.*

Among those professing their belief in Jesus and their intention to lead Christian lives was a strong, well-built man, of about forty years, who was in my care a long time. His wife attended him. As they saw the symptoms of his disease subside, both declared their faith in Jesus.

Their subsequent attendance at chapel and the expression on their faces led me to believe they will be true to their profession.—*C. B. Lesher, M. D., Chaoyang, South China.*

A few months ago a woman of the goldsmith caste was brought in from a distance. When I asked her how she had come to know about the work here, she said a woman from the reddy caste, who had been in the hospital some years ago, had told her all about the work and also about our religion. She had a great thirst to find God, to learn his truth, and to experience his power. For several weeks we had to keep her in the ward, and every day she eagerly listened to what the Bible-woman told her. I was much delighted to hear her ask questions about salvation and see how her face was brightened daily more and more. One day I asked, "Gappamah, why are you so happy?" She replied, with a smiling face, "Amma, through the teaching of the hospital workers I have been changed into a new woman." She put her hand on her heart and said again: "Here I felt always so heavy. Although I made many sacrifices, the burden did not leave me and I had no peace. Now I know that Jesus has forgiven my sins. I now have peace and therefore I am so happy."—*Mrs. A. J. Hubert, Sooriapett, South India.*

To bring the peace which passeth all understanding into the hearts and lives of those who have never heard of Christ is indeed the ultimate motive that has called into existence this great ministry of healing.

# CHAPTER V

# PERSONNEL AND EQUIPMENT

And as ye go, preach, saying, The kingdom of heaven is at hand. Heal the sick, cleanse the lepers, raise the dead, cast out devils; freely ye have received, freely give.—Matthew 10 : 7, 8.

# CHAPTER V

## Personnel and Equipment

To meet the distressing needs described in the preceding chapters and to continue the healing ministry of the Great Physician in the non-Christian world, Northern Baptists are today supporting 54 medical missionaries, including men and women, and about 40 trained American nurses. These missionaries are assisted by 142 native doctors, nurses, dispensary workers, hospital attendants, and other helpers. The American staff on the fields is really smaller than the figures would indicate, for the reason that approximately one-fifth of the number are generally in America on furlough. In view of the proportion of physicians to population in the fields where these missionaries are located, the immensity of the medical missionary's task is beyond all comprehension. In some sections on Baptist mission fields these medical missionaries are the only physicians in districts whose population varies anywhere from 500,000 to 2,000,000.

### Medical Missionary Staff

The staff of medical missionaries, with brief facts regarding education, date of appointment as mis-

sionary of each, including present designation on the field, is as follows:

*Burma*

Rev. H. C. Gibbens, M. D.
Medico-Chirurgical College, Philadelphia, Pa.
Appointed 1903; station, Mongnai.

Miss Martha J. Gifford, M. D.
Rush Medical College, Chicago, Ill.
Appointed 1917; station, Moulmein.

Rev. Robert Harper, M. D.
Detroit College of Medicine.
Appointed 1897; station, Namkham.

A. H. Henderson, M. D.
City of New York Medical College.
Appointed 1893; station, Taunggyi.

*Assam*

J. A. Ahlquist, M. D.
Creighton Medical College, Omaha, Neb.
Appointed 1916; station, Tura.

Rev. J. R. Bailey, M. D.
Medico-Chirurgical College, Philadelphia, Pa.
Appointed 1910; station, Impur.

Rev. G. G. Crozier, M. D.
University of Michigan.
Appointed 1899; station, Manipur.

Rev. H. W. Kirby, M. D.
Hahnemann Medical College, Philadelphia, Pa.
Appointed 1901; station, Jorhat.

S. W. Rivenburg, M. D.
Johns Hopkins University, Baltimore, Md.
Appointed 1883; station, Kohima.

*South India*

Miss Lena A. Benjamin, M. D.
University of Michigan.
Appointed 1902; station, Nellore.

Miss Anna Degenring, M. D.
Woman's Medical College of Pennsylvania.
Appointed 1906; station, Nellore.

Miss Marian E. Farbar, M. D.
Spokane Hospital; Chicago Baptist Hospital.
Appointed 1911; at home on furlough, 1920.

Miss Maud Kinnaman, M. D.
Woman's Medical College of Pennsylvania.
Appointed 1917; station, Woman's Medical College, Vellore.

Mrs. F. H. Levering, M. D.
Woman's Medical College of Pennsylvania.
Appointed 1890; station, Secunderabad.

C. R. Manley, M. D.
University Medical College, Kansas City, Mo.
Appointed 1916; station, Ongole.

Mrs. F. W. Stait, M. D. (M. Grant Fraser).
Queen's University, Kingston, Canada.
Appointed 1897; station, Udayagiri.

Rev. J. W. Stenger, M. D.
University of California; Cleveland Homeopathic Medical College.
Appointed 1910; station, Ongole.

Miss F. R. Weaver, M. D.
Worcester Memorial Hospital; Presbyterian Hospital, Philadelphia, Pa.
Appointed 1914; at home on furlough, 1920.

Rev. J. S. Timpany, M. D.
Bellevue Medical College, New York; Bowdoin Medical College, Brunswick, Me.
Appointed 1892; station, Hanumakonda.

*Bengal-Orissa*

Miss Mary Bacheler, M. D.
Graduate Woman's Medical College of Pennsylvania.
Appointed 1876; station, Balasore.

Rev. H. R. Murphy, M. D.
College of Medicine, Nebraska.
Appointed 1900; at home on furlough, 1920.

*South China*

Miss Edythe A. Bacon, M. D.
Mount Pleasant, Iowa, Hospital.
Appointed 1910; at home on furlough, 1920.

Mrs. B. L. Baker, M. D. (Alice W. Smith).
Woman's Medical College of Pennsylvania.
Appointed 1908; station, Chaochowfu.

Rev. C. E. Bousfield.
Medical Course Harvard University.
Appointed 1899; at home on furlough, 1920.

Mrs. N. H. Carman, M. D. (Mildred Scott).
University of Michigan.
Appointed 1913; station, Swatow.

Miss M. E. Everham, M. D.
Massachusetts Homeopathic Hospital, Boston.
Appointed 1917; station, Swatow.

Miss Clara C. Leach, M. D.
Temple University, Philadelphia, Pa.
Appointed 1916; station, Kityang.

C. B. Lesher, M. D.
University of Pennsylvania.
Appointed 1910; at home on furlough, 1920.

Mrs. C. B. Lesher, M. D. (Mabel Grier).
Johns Hopkins University, Baltimore, Md.
Appointed 1910; at home on furlough, 1920.

H. W. Newman, M. D.
University of Michigan.
Appointed 1913; at home on furlough, 1920.

*East China*

C. Heman Barlow, M. D.
University of Michigan; Northwestern University.
Appointed 1907; station, Shaohsing.

F. W. Goddard, M. D.
Jefferson Medical College, Philadelphia, Pa.
Appointed 1902; station, Shaohsing.

J. S. Grant, M. D.
University of Michigan.
Appointed 1889; station, Ningpo.

Miss Josephine C. Lawney, M. D.
Woman's Medical College of Pennsylvania.
Appointed 1917.

C. D. Leach, M. D.
Boston College of Physicians and Surgeons.
Appointed 1912; station, Huchow.

Rev. G. A. Huntley, M. D.
University of New York; University of Vermont.
Appointed 1897; at home on furlough, 1920.

C. F. MacKenzie, M. D.
Vanderbilt University Medical School, Nashville, Tenn.
Appointed 1906; at home on furlough, 1920.

Harold Thomas, M. D.
Harvard University.
Appointed 1916.

*West China*

Mrs. F. J. Bradshaw, M. D. (Martha A. Phillip).
Dalhousie Medical School.
Appointed 1903; at home on furlough, 1920.

Miss Emilie Bretthauer, M. D.
Woman's Medical College of Pennsylvania.
Appointed 1905; station, Suifu.

J. C. Humphreys, M. D.
Jefferson Medical College, Philadelphia, Pa.
Appointed 1910; station, Yachowfu.

W. R. Morse, M. D.
Acadia College, Wolfeville, N. S.
Appointed 1909; station, Chengtu.

Mrs. H. F. Rudd, M. D. (Anna E. Corlies).
Woman's Medical College of Pennsylvania.
Appointed 1906; station, Chengtu.

Miss Carrie E. Slaght, M. D.
Rush Medical College.
Appointed 1917; at home on furlough, 1920.

C. E. Tompkins, M. D.
University of Michigan.
Appointed 1902; at home on furlough, 1920.

*Belgian Congo.*

J. C. King, M. D.
University of Michigan.
Appointed 1913; station, Banza Manteke.

Rev. W. H. Leslie, M. D.
Lake Forest University.
Appointed 1893; station, Vanga.

Franklin P. Lynch, M. D.
City of New York Medical College.
Appointed 1893; at home on furlough, 1920.

Miss Catherine L. Mabie, M. D.
Hahnemann Medical College, Philadelphia, Pa.
Appointed 1898; station, Kimpese.

Rev. H. Ostrom, M. D.
Creighton Medical College, Omaha, Neb.
Appointed 1911; station, Ntondo.

A. Sims, M. D., D. P. H.
Medical Courses in England.
Appointed 1882; station, Matadi.

*Philippine Islands*

F. W. Meyer, M. D.
Yale University.
Appointed 1919; station, Capiz.

Rev. R. C. Thomas, M. D.
Harvard University.
Appointed 1904; station, Iloilo.

Dr. R. C. Thomas Performing an Operation in his Hospital at Iloilo, Philippine Islands

A Dispensary Clinic in Nalgonda, South India

**Nurses**

The list of nurses, including graduates of recognized American training-schools, is as follows:

Mrs. K. O. Anderson, Africa.
Miss Gwaldys R. Aston, Kityang, South China.
Miss Ethel A. Boggs, at home on furlough, 1920.
Mrs. George H. Brock, at home on furlough, 1920.
Mrs. Joseph Clark, Ntondo, Africa.
Miss L. Jennie Crawford, Suifu, West China.
Mrs. P. Frederickson, Sona Bata, Africa.
Miss M. Jean Gates, Shaohsing, East China.
Mrs. J. H. Giffin, at home on furlough, 1920.
Miss Clarissa A. Hewey, Kinhwa, East China.
Miss Esther Hokanson, Huchow, East China.
Mrs. A. J. Hubert, Sooriapett, South India.
Mrs. G. A. Huntley, at home on furlough, 1920.
Miss Emma S. Irving, Ningpo, East China.
Miss Sigrid C. Johnson, Ongole, South India.
Mrs. R. B. Longwell, Impur, Assam.
Miss Annie S. Magilton, at home on furlough, 1920.
Miss Selma Maxville, Moulmein, Burma.
Miss Aganetha Neufeld, Nalgonda, South India.
Miss Rose E. Nicolet, Iloilo, Philippine Islands.
Miss Fannie Northcott, at home on furlough, 1920.
Mrs. Harry J. Openshaw, Yachowfu, West China.
Mrs. H. Ostrom, Ntondo, Africa.
Miss Alma Pittman, China.

Miss Jenny Reilly, Nellore, South India.
Mrs. Charles Rutherford, Hanumakonda, South India.
Mrs. A. E. Seagrave, Rangoon, Burma.
Miss Harriet Smith, Ningpo, East China.
Mrs. L. C. Smith, Nellore, South India.
Mrs. L. W. Spring, Sandoway, Burma.
Miss Edna M. Stever, Assam.
Miss M. M. Sutherland, at home on furlough, 1920.
Miss Cora Sydney, Philippine Islands.
Miss Frances Therolf, China.
Mrs. Harold Thomas, China.
Mrs. C. Unruh, Nalgonda, South India.
Mrs. W. O. Valentine, Bacolod, Philippine Islands.
Miss Lillian V. Wagner, Ramapatnam, South India.
Miss Frida Wall, China.
Miss Sarah Whelpton, Bacolod, Philippine Islands.
Miss Dorcas Whitaker, Cumbum, South India.
Miss Luciele Withers, Sunwuhsien, South China.

**Hospitals and Dispensaries**

Mission hospitals and dispensaries are located on the various fields as follows:

*Burma*

Haka—Emily Tyzzer Memorial Hospital.
Kengtung—Louise Hastings Memorial Hospital.
Mongnai—Mission Hospital.

Moulmein—Ellen Mitchell Memorial Maternity Hospital.
Namkham—Mission Dispensary.
Taunggyi—Mission Dispensary.

*Assam*

Impur—Mission Hospital.
Sadiya—Mission Hospital.
Tura—Mission Hospital.

*South India*

Hanumakonda—Victoria Memorial Hospital.
Mahbubnagar—Mission Hospital.
Nalgonda—Mission Hospital.
Nellore—Mission Hospital.
Ongole—Clough Memorial Hospital.
Secunderabad—Mission Dispensary.
Udayagiri—Etta Waterbury Hospital.
Vellore—Union Hospital for Women.

*Bengal-Orissa*

Bhimpore—Sterling Memorial Hospital.
Midnapore—Mission Dispensary.

*South China*

Chaoyang—Mission Dispensary.
Kityang—Josephine Bixby Hospital.
Swatow—Edward Payson Scott and Martha Thresher Memorial Hospital.
Ungkung—True Word Hospital.

*East China*

Huchow—Will Mayfield, Jr., Memorial Hospital.
Kinhwa—Pickford Memorial Hospital.
Ningpo—Mission Hospital.
Shanghai—Students' Dispensary and MacLeish Infirmary.
Shaohsing—The Christian Hospital.

*West China*

Chengtu—Union Medical School Hospital.
Kiatingfu—Mission Dispensary.
Suifu—Mission Hospital.
Yachowfu—Mission Hospital.

*Congo*

Banza Manteke—Small Mission Hospital.
Ntondo-Ikoko—Small Mission Hospital.
Kimpese—Small Mission Hospital.
Mukimvika—Small Mission Hospital.
Matadi—Small Mission Hospital.
Vanga—Small Mission Hospital.

*Philippine Islands*

Capiz—Mission Hospital.
Iloilo—Union Hospital.

**Medical Statistics**

The extent of the work which these missionaries are able to do is well indicated in the following table of statistics:

| | Hospitals | Dispensaries | Physicians | Native Assistants | In-Patients | Out-Patients | Treatments | Expenses | Fees |
|---|---|---|---|---|---|---|---|---|---|
| Burma | | | | | | | | | |
| 1915 | 4 | 12 | 8 | 8 | 151 | 18,146 | 33,903 | $3,286 | $2,354 |
| 1916 | 4 | 12 | 7 | 9 | 279 | 16,854 | 28,773 | 3,590 | 2,520 |
| 1917 | 1 | 11 | 5 | 8 | 533 | 7,178 | 20,941 | 3,728 | 2,659 |
| 1918 | 3 | 11 | 6 | 9 | 1,327 | 8,156 | 17,518 | 3,677 | 2,763 |
| 1919 | 3 | 12 | 6 | 10 | 1,847 | 8,363 | 20,327 | 7,945 | 3,744 |
| Assam | | | | | | | | | |
| 1915 | 2 | 9 | 4 | 11 | 87 | 14,724 | 15,470 | 1,741 | 771 |
| 1916 | 2 | 8 | 4 | 15 | 115 | 11,426 | 13,594 | 1,699 | 497 |
| 1917 | 2 | 4 | 4 | 10 | 26 | 9,690 | 19,933 | 2,148 | 2,636 |
| 1918 | 2 | 3 | 5 | 11 | 26 | 9,386 | 16,737 | 2,153 | 2,217 |
| 1919 | 2 | 5 | 5 | 7 | 20 | 8,875 | 15,301 | 2,332 | 2,220 |
| South India | | | | | | | | | |
| 1915 | 6 | 12 | 9 | 39 | 1,561 | 34,719 | 74,368 | 9,016 | 2,147 |
| 1916 | 6 | 8 | 9 | 42 | 1,541 | 6,526 | 57,801 | 7,362 | 2,921 |
| 1917 | 5 | 9 | 9 | 39 | 1,598 | 15,066 | 58,434 | 7,345 | 2,866 |
| 1918 | 6 | 10 | 11 | 43 | 2,187 | 25,582 | 85,796 | 11,819 | 3,169 |
| 1919 | 6 | 11 | 10 | 46 | 2,055 | 24,831 | 78,643 | 13,026 | 3,201 |
| Bengal-Orissa | | | | | | | | | |
| 1915 | 1 | 2 | 3 | 4 | 33 | 10,431 | 11,373 | 276 | 240 |
| 1916 | 1 | 2 | 3 | 3 | 18 | 7,460 | 10,091 | 345 | 346 |
| 1917 | 1 | 2 | 3 | 3 | 24 | 6,470 | 7,880 | 386 | 297 |
| 1918 | 1 | 2 | 3 | 3 | .. | ..... | 6,047 | 424 | 245 |
| 1919 | 1 | 2 | 2 | 3 | .. | 1,654 | 3,966 | 170 | 227 |
| China | | | | | | | | | |
| 1915 | 8 | 11 | 22 | 55 | 2,980 | 35,113 | 111,790 | 16,117 | 10,471 |
| 1916 | 9 | 10 | 23 | 52 | 2,762 | 33,359 | 94,924 | 17,614 | 11,491 |
| 1917 | 10 | 12 | 22 | 55 | 4,451 | 34,856 | 125,157 | 6,691 | 19,476 |
| 1918 | 10 | 10 | 24 | 61 | 5,656 | 38,333 | 141,418 | 25,213 | 17,603 |
| 1919 | 10 | 14 | 25 | 62 | 4,698 | 26,772 | 132,032 | 51,029 | 38,392 |

| | Hospitals | Dispensaries | Physicians | Native Assistants | In-Patients | Out-Patients | Treatments | Expenses | Fees |
|---|---|---|---|---|---|---|---|---|---|
| Congo | | | | | | | | | |
| 1915 | 4 | 10 | 6 | 10 | 283 | 6,098 | 50,354 | $2,572 | $1,668 |
| 1916 | 4 | 9 | 7 | 13 | 716 | 9,397 | 53,440 | 1,932 | 1 08[illegible] |
| 1917 | 2 | 9 | 7 | 11 | 616 | 2,186 | 56,526 | 2,124 | 1,111 |
| 1918 | 3 | 10 | 6 | 18 | 632 | 8,625 | 64,075 | 3,097 | 2,057 |
| 1919 | 3 | 8 | 6 | 14 | 905 | 3,750 | 53,683 | 3,040 | 2,266 |
| Philippine Islands | | | | | | | | | |
| 1915 | 1 | 4 | 2 | 11 | 300 | 2,000 | 13,715 | 4,576 | 3,370 |
| 1916 | 1 | 3 | 2 | 9 | 450 | 3,530 | 16,800 | 4,169 | 4,641 |
| 1917 | .. | 1 | 1 | 7 | 697 | ..... | ..... | 47 | 39 |
| 1918 | 1 | .. | 1 | 7 | ... | ..... | ..... | ..... | ..... |
| 1919 | 1 | 5 | 2 | .. | 928 | 6,116 | 16,444 | 15,752 | 12,103 |
| Totals | | | | | | | | | |
| 1915 | 26 | 60 | 54 | 128 | 5,395 | 121,231 | 310,973 | 37,584 | 21,021 |
| 1916 | 27 | 52 | 55 | 143 | 5,881 | 88,552 | 276,423 | 36,711 | 23,504 |
| 1917 | 21 | 48 | 51 | 133 | 7,945 | 75,446 | 288,871 | 22,469 | 29,084 |
| 1918 | 26 | 46 | 56 | 152 | 9,828 | 90,082 | 331,591 | 46,383 | 28,054 |
| 1919 | 26 | 57 | 54 | 142 | 10,453 | 80,361 | 320,396 | 93,294 | 62,153 |

The following extracts from recent reports also indicate the extent of the service rendered by these followers of the Great Physician:

The medical work at Sona Bata has been carried on without a doctor this year. Many bad cases had to be taken in. Twice I got quite exhausted, having worked and watched steadily for days and nights, but each day new strength and grace were given me. There are many oppor-

tunities for studying cases among so many patients. During the year, 9,798 treatments were given, made up largely of sleeping-sickness cases.—*Mrs. P. Frederickson, Sona Bata, Congo.*

The treatments given this year total 16,226, and are nearly 5,000 more than last year, and the in-patients about 60 more.—*Charles F. MacKenzie, M. D., Kinhwa, China.*

The outdoor clinics at the Namkham town dispensary have been well attended, and a large number of patients come from Namkham and the surrounding villages for medicine to the dispensary on the compound. Last year we cared for 8,476 outdoor patients and performed 71 operations. The outdoor patients were about equally divided between the two dispensaries. This is not the only benefit our dispensaries are to the people, for we supply the teachers in the village schools with simple remedies for the people in their neighborhood. Last year I had special containers made for ointments and placed them in each of our Shan village schools. I also placed remedies for eye diseases in the schools and gave instructions to the teachers as to how to use each remedy. Last year I made over 900 visits to patients in their homes and received Rs. 1,088 for medical service and medicine. The above sum is more than double the amount received the year previous, and we had over 5,000 outdoor patients more than the previous year.—*Robert Harper, M. D., Namkham, Burma.*

We gave over 5,000 treatments and treated 2,619 different patients. Of the 600 cases of influenza that came to Doctor Manley and to me, we lost only five, and none that we treated from the outset. During the year we have employed one preacher to tell the waiting people of Christ; also two medical assistants.—*Miss Sigrid C. Johnson, Ongole, South India.*

Our two dispensaries, one here in Tura in the hospital and one over on the other side of the Tura range in Bagmura, treated 3,655 new patients during the year. This is the number in the report to the government dispensary cases. Over and above this I have treated about 500 when away from the dispensary in calls, receiving patients at the bungalow and on tours in the district, so that in reality over 4,000 have received treatment.—*J. A. Ahlquist, M. D., Tura, Assam.*

We have been keeping record of 10,043 treatments, but it is impossible to record the actual number of out-patients. The total receipts for medicines sold was 3,327 francs, and the total expense (salaries of helpers and medicines) was 4,327 francs.—*Rev. P. Frederickson, Sona Bata, Congo.*

During the year the usual medical examination has been given to every student in the school. Total number of calls was 1,854, and included the following:

| | |
|---|---|
| From academy | 937 |
| From college | 595 |
| From seminary | 65 |
| From women's school | 163 |
| From Chinese staff | 64 |
| From servants | 30 |
| | 1,854 |

These calls included the following special cases:

| | |
|---|---|
| Obstetrical | 4 |
| Dormitory calls | 224 |
| Vaccination | 100 |
| Refracture | 19 |
| Operations | 46 |
| Tooth extractions | 28 |

MacLeish Infirmary and Dispensary:

| | Men | Women and Children | Total |
|---|---|---|---|
| New patients ..... | 551 | 264 | 815 |
| Return visits ..... | 291 | 206 | 497 |
| | | | 1,312 |

*—G. A. Huntley, M. D., Shanghai, China.*

We have 19,194 treatments registered and there were a large number treated who were never registered, because of the rush. We had 333 in-patients who stayed more than one day, others stayed five or six days, and some stayed for months.—*A. J. Hubert, Sooriapett, South India.*

| | 1917 | 1918 | Gain |
|---|---|---|---|
| Hospital In-patient Department..... | 455 | 660 | 45% |
| Hospital Out-patient Department... | 5,618 | 7,170 | 28% |
| Private office patients..... | 268 | 506 | 89% |

*—C. H. Barlow, M. D., Shaohsing, China.*

The hospital, with its three dispensaries, has done the largest work in its history. The station dispensary gave 14,749 treatments; Jangaon, 4,914; and Cumbum, 2,082, making a total of 21,045 treatments. Owing to the prevalence of plague about us, we inoculated 4,548 people against this terrible disease. We have had 318 in-patients during the year. This is a large increase over the numbers of any previous year.—*J. S. Timpany, M. D., Hanumakonda, South India.*

During the year we treated 5,728 patients and received from sales of medicines and from professional services about 1,400 rupees.—*H. C. Gibbens, M. D., Mongnai, Burma.*

## Financial Report

RECEIPTS

| | |
|---|---|
| Rent of private room | $1,010,60 |
| Registration fees | 397.37 |
| Fees from specials | 294.00 |
| Fees for general anesthetic | 232.20 |
| Donations | 1,116.38 |
| Cash for out-calls | 478.00 |
| Cash for medicines | 1,760.33 |
| Rent from in-patients and others for food | 3,480.49 |
| Interest from endowed beds | 127.00 |
| Miscellaneous | 135.92 |
| Appropriation from A. B. F. M. S. | 600.00 |
| Deficit | 120.28 |
| | $9,843.57 |

EXPENDITURES

| | |
|---|---|
| Foods | $3,130.76 |
| Salaries | 3,038.46 |
| Furniture | 200.54 |
| Repairs | 496.03 |
| Charity beds | 177.55 |
| Miscellaneous | 1,008.26 |
| Loan | 33.00 |
| Rent | 63.00 |
| Medicines | 1,695.97 |
| | $9,843.57 |

*—J. S. Grant, M. D., Ningpo, China.*

The part played by the laboratory during the past years is important. It is the feature of medical work which has done more to establish the reputation for careful and accurate diagnosis than any other factor. The Chinese

appreciate the fact that tests which make diagnosis certain replace the guesswork so largely common in native practice. It takes time and costs money, but establishes confidence of our clientele and gives a sense of certainty to treatment which adds to our own peace of mind. We encourage our patients and friends to come into the laboratory to see diagnosis made. Sometimes with one look into the microscope we are able to state with certainty what disease the patient has, and with equal positiveness what is necessary in treatment. To some this is little short of miraculous, to all it is an evidence of a power which their native physicians do not possess.—*C. H. Barlow, M. D., Shaohsing, East China.*

# CHAPTER VI

# NEEDS AND OPPORTUNITIES

And whithersoever he entered, into villages, or cities, or country, they laid the sick in the streets, and besought him that they might touch if it were but the border of his garment; and as many as touched him were made whole.—Mark 6 : 56.

They that are whole have no need of a physician, but they that are sick.—Matthew 9 : 12.

And heal the sick that are therein, and say unto them, The kingdom of God is come nigh unto you.—Luke 10 : 9.

## CHAPTER VI

### Needs and Opportunities

In general, the needs of the present and future include reenforcements and additional equipment. New doctors, men and women, as well as trained nurses, are required on all fields except in Japan, where the government makes adequate provision for hospitals and medical attention. No medical missionary work is done by Baptists in Japan. In connection with the sending of American doctors and nurses, more extensive training must be furnished for native doctors and nurses. This is of fundamental importance if anything approaching an adequate provision is to be made for the medical needs of the millions of people on Baptist foreign mission fields.

Equipment needs include the furnishing of new medical and surgery outfits, repairs, the building of additions and enlargements, and the erection of new hospitals and dispensaries.

#### A Program of Expansion

The program for expansion in the medical work of the two Foreign Mission Societies, as outlined in the Survey Report presented by the Committee on

Survey at the Northern Baptist Convention in Denver, Colorado, in May, 1919, summarized briefly, includes the following:

*BURMA*

To send out 4 new doctors at once.

To furnish additional equipment for 5 hospitals now working beyond capacity.

To provide a hospital and staff for the new field in Kengtung.

To develop a training-school for nurses in connection with the hospital for women at Moulmein, so that we may eventually provide one nurse for each village in Burma.

*SOUTH INDIA*

To send out generous reenforcements to the women doctors and nurses.

To enlarge the hospitals for women at Palmur and Hanumakonda.

To erect 2 new hospitals for women and send out adequate staffs.

To cooperate in the Union Medical College for Women at Vellore.

*ASSAM*

A fully housed and equipped general hospital in each of the northern and southern divisions.

At least one hospital for women with a staff of women doctors and nurses.

*BENGAL-ORISSA*

Several new hospitals are required, since medical work in the Bengal-Orissa field at the present time is very slight.

*CHINA*

To send 8 or 10 physicians and at least 8 trained nurses as quickly as possible.

To establish at least one large, well-equipped hospital at a central point in South China, and to locate needed dispensaries.

To cooperate with the China Medical Board and provide adequate staff and equipment for the hospitals in East China.

To secure the sites and erect 3 adequate hospitals at central points in West China, and to cooperate more largely with the medical department of the West China Union University.

To cooperate with the China Medical Missionary Association in a wide campaign to educate the Chinese people as to the danger and prevention of tuberculosis, which is developing to an alarming extent in China.

To contribute generously to building up the Union Medical College for Women at Shanghai. There must be a large increase in the number of women doctors and nurses. There are more than 200,000,000 women and children who need their ministry.

*BELGIAN CONGO*

To erect modest but well-planned, well-equipped hospitals in most of the central stations.

To send out nurses to be associated with the physician in each hospital.

To provide for the training of native nurses to staff hospitals, and also to care for minor cases and to teach the use of simple remedies in the villages.

To promote a knowledge and practise of measures of hygiene and sanitation in the villages.

To cooperate with government medical service in systematic study of tropical diseases and methods of their prevention and cure.

*PHILIPPINE ISLANDS*

In the expectation that the government would make provision for hospitals, our mission has moved rather slowly in medical work, which is limited to two stations. The staff of physicians and nurses should be reenforced as soon as possible.

**The Need of Reenforcements**

The need of reenforcements is well illustrated in the following extracts from letters and reports of Baptist medical missionaries:

For nearly two years there has been no missionary doctor under our General Board in South China, the only doctors being two single women, one of whom was a newcomer, and the other preceded her a year before. This is tragic when we consider the size and population of the field known as the South China Mission. The people speaking the Swatow dialect number about 7,000,000. What is to be done? Several years ago the South China Conference decided to open a great central hospital, to be a sort of clearing-house for smaller ones in other cities. This will require doctors and nurses and money! If I should be asked to tell the greatest need in South China, I would say, doctors who are also evangelists, filled with the spirit of Jesus Christ, and more money to enable them to do their work efficiently.—*Mrs. C. E. Bousfield, Changning, South China.*

We hope that many doctors and nurses who have served in the fight for righteousness, will realize that an even greater and more uneven fight against the powers of evil and darkness is being waged here in India, and will volunteer before too great a price has been paid.—*Florence R. Weaver, M. D., Nellore, South India.*

Nothing but a Mission Hospital for Children Can Help Cases Like These

Patients Awaiting the Arrival of the Medical Missionary

One of the hardest tasks I've had to do was to go out and *lock* the hospital street-door. I trust the mission will be able to make such plans as will allow the door to be opened again in the very near future.—*C. E. Tompkins, M. D., Suifu, West China.*

Owing to inadequate nursing staff, we were obliged to close the woman's department for two months during the summer. With Miss Pittman on furlough, the Chinese staff inexperienced and depleted, and no matron who could be entrusted with the responsibility of the work, it seemed wise to close. During October, the heaviest month that the hospital has ever had, the entire staff consisted of only one foreign doctor. One doctor had not returned from furlough, the Chinese physician was taking a long-delayed vacation, one foreign nurse was on furlough, and the other was still in language study and not available for hospital duty.—*C. H. Barlow, M. D., Shaohsing, East China.*

Can any one give a rational solution to this problem? The people beg you to come and see a husband, wife, or daughter who has just taken a large dose of opium with suicidal intent. It may be in your power to save a life by a few hours' work; a burned hand, an acute eye inflammation which will terminate in blindness, these and many other cases come to you and ask for aid. Are these poor wretches interfering with your future usefulness by their interruptions of your study, or are they some of the Master's "little ones" of whom he said, "Inasmuch as ye do it unto them, ye do it unto me"? Who can help me solve this serious problem? I cannot help thinking the rational solution of it lies in the hearts of some of our young people at home who should be here—and in the material possessions of others which should be at the disposal of the agencies which send out these new recruits.—*E. T. Shields, M. D., Suifu, West China.*

If I were three or four men instead of one, I could keep busy and do a higher grade of scientific work and also more personal evangelistic work. One man could have a day's work in surgery almost every day in the week, another could find ample material as an internist. another as an eye specialist, and so on; but your missionary is only one, and he has to turn his hand quickly from a cataract extraction to a hip-joint case or tropical malaria. But after all, it is not just the cures we accomplish, nor the words we say, it is the life we give to these people that convinces them of the truth of our gospel and its saving grace.—*H. W. Newman, M. D., Ungkung, South China.*

**Equipment Needs**

The need of repairs, additional equipment, and new buildings can well be imagined from the following reports of medical missionaries:

In Congo the sick are with us always. Much of the medical work must be done on Sundays as well as weekdays, cannot be put off till Monday. Disease knows no holidays or vacation, so we are kept busy the year round. Every morning at six o'clock we give medicine and treatments to the "in-patients" in our mud wards. These two houses with three rooms each have been a great blessing to the sick, but now one has fallen down because of the strong rain-storms and also one wall of the women's ward.—*Mrs. P. Frederickson, Sona Bata, Congo.*

The Pasadena Dispensary, a handsome building, has been finished. It looks not only handsome but durable; every stone and tile and timber in it is flawless. It is a splendid gift from one of the finest churches in the United States of America. The foundations and basement for the Colgate Ward have been finished. The wide verandas as

well as the whole ward will be screened with wire mosquito-netting. Its location is on the best place on the compound and as the Government Engineer said, "If I were sick I should like to be in this place." Such an institution as the Clough Memorial Hospital is going to be a great blessing to these poor, needy people bound down by ignorance and superstition.—*C. R. Manley, M. D., Ongole, South India.*

Our hospital was built in 1903. Since then nothing has been added to the furniture and little outside; some instruments have been added to the equipment. Last year I was able to put in a new ceiling in the large ward and dispensary and to place in one of the wards six beds with leather mattresses. Our hospital assistant is occupying the operating-room, and must continue to do so until I can collect material and build him a house. We perform operations at present on the hospital veranda.—*Rev. Robert Harper, M. D., Namkham, Burma.*

Our hospital consists of one room with straw mats for a partition to separate the men from the women, five board beds on each side of the mats, and a little stove. Each bed has a straw mat to act as both springs and mattress, the native furnishing his own blanket. This may be somewhat interesting, but the real interest comes about nine or ten o'clock at night, when on entering the hospital one finds the beds occupied with patients, more of the same on the floor, friends and relatives, who must cook and care for the sick, side by side in blankets, so close that the floor can scarcely be seen, food for all in corners or on shelves or all along the sides of the room, a baby crying here or there because it is in pain or its mother too sick to nurse it, some patients coughing, some groaning with pain or in fevers of from 101° to 107°, pneumonias and dysenteries stirred up with malaria—such a

picture represents a scene where sleeping-sickness would be almost welcome, but a place from which such poor sufferers are banished. We can give our time, we can prescribe drugs, but it takes dollars to make room for the suffering sick, to give them fresh air, to keep them in their proper wards, to isolate one disease from a different one, to give the hundreds of poor souls, now unhelped, relief, to provide proper sanitation, to provide a room where an operation can be carried on with some reasonable degree of asepsis, or to provide a place for maternity cases.—*J. C. King, M. D., Banza Manteke, Congo.*

Imagine us conducting a forty-bed hospital and dispensary in less floor space than the average home in the United States. And when the pressure gets too strong at some point we add a lean-to or knock out the side of a room and move the wall farther out. We had so many operative cases and surgical dressings to make that the one operating-room could no longer accommodate all the cases; many cases had to be dressed out-of-doors. So we built a new operating-room, which cost $35. Now the cry comes from the hospital cook that the eight-by-ten kitchen is no longer big enough to cook for forty people.—*H. W. Newman, M. D., Ungkung, South China.*

The sick are always with us. At times there is no room in the hospital, the ground about the place is crowded at night, and some dozens of patients too sick to sleep out in the night have to return to the villages from whence they came, without being helped. A long list of names fills pages of a book; these are patients who want to be operated upon as soon as their turn comes, but turns come slowly. We have had an appropriation for a hospital for three years, but no one to build it; we are waiting for builders from home. One is not enough, it will take one several years to complete the buildings at one

station, and we have at least three stations in dire need. When are these sick to be cared for?—*J. C. King, M. D., Banza Manteke, Congo.*

The women nurses have no place except with the matron in a room large enough for only four. This means that the women nurses never have a chance to get away from the patients unless they leave the hospital compound. Until last year we did not have regular night nurses except in the men's department. This night work was cared for in the women's department by having a nurse sleep in each ward and get up at the call of patients. When I found that one night a nurse had been called sixteen times, there was nothing to do but put a woman nurse on night duty. But where was she to sleep during the day? This was a question all through last year and is still a problem. Is it right for us to expect our nurses to keep well and to do good work and have quiet, sweet tempers when they are never out of the patients' presence, never have the opportunity for quiet, nor a place where they can be alone? We must plan to have nurses' homes. —*Alma L. Pittman, Shaohsing, East China.*

The great need for a hospital in this far-reaching district of the Telugu Mission is still unmet. Just think of having to send a sick person, needing immediate skilled medical aid, a distance of two or three hundred miles in a crowded third-class compartment by a slow train, before our nearest hospitals can be reached!—*Rev. John Newcomb, Cumbum, South India.*

The people have been looking forward to our getting into our new hospital buildings with almost as much interest and eagerness as we have. To them that will represent the opening of a new era; they realize that your hospital is going to mean life and health to hundreds,

and as time goes on to thousands of sick and suffering men, women, and children who would have perished in agonizing tortures were it not for the love of Christ which, through your hands and hearts, has reached out to India and built this hospital for them—this hospital which by God's mercy, is going to bring, not only health to perishing bodies, but healing and joy and life and light to perishing souls.—*Rev. J. M. Baker, Ongole, South India.*

**The Medical Missionary's Opportunity and Reward**

What is the opportunity which medical missionary service presents to young men and women today? Dr. P. H. J. Lerrigo, in his remarkable pamphlet, "Where Will You Practise?" addresses the following searching questions to the thousands of medical students looking forward to a professional career:

How many of the young men and women now graduating from our medical schools and to be graduated in increasing numbers in coming days, will ever acquire sufficient diagnostic skill to use readily the more modern instruments of precision?

How many will ever be able to develop the requisite delicacy of touch and familiarity with the knife to remove, for example, an enlarged thyroid, or operate upon a cataract?

How many will gain sufficient ability at public sanitation to place a city under an adequate quarantine in case of cholera, or conduct a State-wide campaign against smallpox?

How many will ever have the opportunity and requisite knowledge to design plans for a hospital and administer

the hospital both financially and professionally after it is built?

How many will ever learn to recognize an intestinal parasite under the microscope or perform the more complex laboratory tests for bacteriological diagnosis?

How many will establish a training-school for nurses or have part in the teaching force of a medical college?

How many will ever find themselves in a situation where the multitude of strange and unfamiliar diseases around them stimulates to original research work?

Medical missionaries have opportunities such as these presented to them practically from the day of their arrival on their respective fields of service.

And what is the medical missionary's reward? Judging by financial standards, it is as nothing compared with what he might receive in America, for he is paid but a modest salary, which provides an inexpensive yet sufficient living for himself and family. His compensation is isolation, a lonely residence in a strange land thousands of miles from friends at home. The work he does is one which is undertaken only by the brave and those willing to sacrifice themselves for the welfare of others.

It is a high and honorable calling to which he is summoned. His reward is the joy of banishing despair from multitudes of unhappy faces; of removing pain from thousands of broken bodies; of reviving innumerable bruised and fainting spirits; of helping entire communities to cleaner and more sanitary ways of living; of bringing health and comfort to countless sufferers; and above all, his reward

is that supreme satisfaction of bringing men and women, at first attracted by a yearning for physical healing, to a knowledge of the true God as revealed in Jesus Christ. To be a follower of the Great Physician and to continue his ministry of healing is one of the noblest callings to which men and women may dedicate their lives.

The ministry of healing is one of the few occupations in which the privilege of serving is also its reward.

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